

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		She states that 3 weeks ago she was bending over putting on her clothes and felt a pain in her low back. She became dizzy and passed out. She hit her head on the floor. Her husband found her on the floor. He helped her up from the floor and reported that ; This study is being ordered for trauma or injury.; around 2/24/21; There has not been any treatment or conservative therapy.; loss of consciousness,continued dizzy spell, neck and back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021		Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/21; There has been treatment or conservative therapy.; PATIENT IS HAVING ABDOMEN PAIN AND ALSO, HAVE ABNORMAL IMAGINE; PATIENT IS CURRENTLY TAKINGLEVOTHYROXYNE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Multiple thyroid nodules; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA head and neck to assess for any vasculitis ;Impression.;Cluster headaches VS Chronic Paroxysmal hemicrania VS SUNA (Short-lasting unilateral neuralgiform attacks with cranial autonomic symptoms, right sided with nasal congestion associated; however,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA head and neck to assess for any vasculitis ;Impression:;Cluster headaches VS Chronic Paroxysmal hemicrania VS SUNA (Short-lasting unilateral neuralgiform attacks with cranial autonomic symptoms, right sided with nasal congestion associated; however,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 11/15/2020; There has not been any treatment or conservative therapy.; headaches with nausea , vomiting vision issues. Er visit was unable to speak when thinking of words, sharp pains in head, felt like wave going through head and unable to speak afterwards with numbness in lower extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	memory loss, confused, mass, history of lung cancer; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient has episodes of standing staring unable to comprehend loss of time , unable to speak or respond to family or coworkers stands in ore spot without moving; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 11/15/2020; There has not been any treatment or conservative therapy.; headaches with nausea, vomiting vision issues. Er visit was unable to speak when thinking of words, sharp pains in head, felt like wave going through head and unable to speak afterwards with numbness in lower extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt reports unsteady gait and trouble walking, difficult to control bowel movements and no sensation of bowel movements, recurrent falls, tingling and numbness of bilateral legs intermittently, muscle cramps and spasticity, memory issues.; This study is being ordered for a neurological disorder.; 01/26/2021; It is not known if there has been any treatment or conservative therapy.; Pt reports unsteady gait and trouble walking, difficult to control bowel movements and no sensation of bowel movements, recurrent falls, tingling and numbness of bilateral legs intermittently, muscle cramps and spasticity, memory issues.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); Persistent headache with little or no improvement with attempted treatment describes the headache's character; headaches and change in vision; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Bells Palsy exam, no blink or lid movement and nerve pain in neck and back of head; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Tumor (system matched response); Agree; Brain Mass	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	2/16/2014; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	02/20/2018; There has been treatment or conservative therapy.; Mild fatigue, pain in the mid to low back; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	4/22/2015; There has been treatment or conservative therapy.; infection in her right third toe that has been ongoing for over one week. Reports mild dyspnea with exertion, intermittent nausea, and occasional reflux.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Multiple nodules of lung; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	persistant shortness of breath, has been treated with multiple rounds of antibiotics and steroids; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Pt c/o SOB & cough. Pneumonia is suspected; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Pt came in for abdominal pain and back pain. Had an abdominal CT Scan that showed an incidental finding of a 10mm solid nodule in the right lower lung. Radiologist recommended short term interval follow up chest CT for evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Pt presented with fever, cough, and SOB; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Lung Nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Comparison to last CT back in Sept 2020; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; patient had chest xray in office today and showed to be abnormal.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Abnormal chest xray, shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary embolism (PE); This request is for Chest injury or trauma within the past 2 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Follow Up chest ct for lung nodules noted on screening CT last summer.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Shows a compression fracture of lumbar spine. Recommend MRI of Lspine w/o to see if she would benefit from vertebroplasty. Also shows moderate degenerative changes with severe at lower spine. This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; Lumbar / Lumbosacral Spine spasms, tenderness on palpation, and reduced ROM.;Back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	smoker 30pk = per year history; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/22/2014; There has been treatment or conservative therapy.; Patient is pain that radiates to her neck and shoulders upper and lower extremity and neck and ankles. Joint pain back pain and left ankles pain after several surgery. Swelling tenderness and palpitation, Pre Opt plainning; Patient had injections and muscle relaxers opiods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; Thoracic spine pain reported at office visit 01/20/2021. Cervical spine is chronic.; There has been treatment or conservative therapy.; Worsening sharp pain in neck with movement. Patient had cadaver bone placed as well as a nerve burnt. Cervical pain is also chronic. Acute pain in thoracic spine, no specific symptoms other than pain.; Patient has taken NSAIDS since January 2021 appt with minimal improvement of pain.; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; Thoracic spine pain reported at office visit 01/20/2021. Cervical spine is chronic.; There has been treatment or conservative therapy.; Worsening sharp pain in neck with movement. Patient had cadaver bone placed as well as a nerve burnt. Cervical pain is also chronic. Acute pain in thoracic spine, no specific symptoms other than pain.; Patient has taken NSAIDS since January 2021 appt with minimal improvement of pain.; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT 6 MONTHS AGO; There has been treatment or conservative therapy.; persistent ha sharp BP; muscle relax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt reports unsteady gait and trouble walking, difficult to control bowel movements and no sensation of bowel movements, recurrent falls, tingling and numbness of bilateral legs intermittently, muscle cramps and spasticity, memory issues.; This study is being ordered for a neurological disorder.; 01/26/2021; It is not known if there has been any treatment or conservative therapy.; Pt reports unsteady gait and trouble walking, difficult to control bowel movements and no sensation of bowel movements, recurrent falls, tingling and numbness of bilateral legs intermittently, muscle cramps and spasticity, memory issues.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Shows a compression fracture of lumbar spine. Recommend MRI of Lspine w/o to see if she would benefit from vertebroplasty. Also shows moderate degenerative changes with severe at lower spine.; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; Lumbar / Lumbosacral Spine spasms, tenderness on palpation, and reduced ROM.;Back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDS specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	Looking for a lose body/ Joint; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2/16/2014; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/20/2018; There has been treatment or conservative therapy.; Mild fatigue, pain in the mid to low back; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/22/2015; There has been treatment or conservative therapy.; infection in her right third toe that has been ongoing for over one week. Reports mild dyspnea with exertion, intermittent nausea, and occasional reflux.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/21; There has been treatment or conservative therapy.; PATIENT IS HAVING ABDOMEN PAIN AND ALSO, HAVE ABNORMAL IMAGINE; PATIENT IS CURRENTLY TAKINGLEVOTHYROXYNE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has history of renal carcinoma. Her last CT showed a renal stone in 2019; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); suspect small bowel obstruction; This case was created via BBL.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); EVALUATE WITH IMAGING TO LOOK FOR ANY ANATOMICAL ABNORMALITIES THAT COULD BE CONTRIBUTING OT NEW ONSET SEVERE CONSTIPATION. RECOMMENDED STOPPING DULCOLAX AND MAGNESIUM. GIVEN SAMPLES OF LINZESS 290 MCG TAKEN DAILY. ON PHYSICAL EXAM PT HAS MILD DISCOMFORT ; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); FAX INFO; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); URINARY TRACT STONE; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; Agreed; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abd pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Kidney Stone; This case was created via BBI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	family hx breast cancer, abnormal mammogram-birads 0, nipple discharge, mammo/ultrasound detect possible vascularity w calcifications. need further imaging.; This is a request for Breast MRI; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has bilateral bloody nipple discharge with tenderness of breasts. Since Diagnostic Mammo and Bilateral US could not properly define, further MRI imaging is recommended.; This is a request for Breast MRI; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	There is a strong family history of breast cancer - Mother diagnosed at 43, Maternal Aunt@35, Maternal Aunt@47 and Paternal Grandmother(age unnoted). Patient also has personal history of cervical cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; received cardiotoxic chemotherapy; evaluate EF	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; It is unknown if this is an initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; It is unknown if Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT.; The patient's current rhinosinusitis symptoms are unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Comparison to last CT's; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1/26/2021; There has not been any treatment or conservative therapy.; abdomen pain, chest pain and pain radiating from chest to left side of neck; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Comparison to last CT's; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has pulmonary nodules that were found on a previous CT exam. Radiology has requested patient have another scan in 04/2021 to check for changes of nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o SOB and cough; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	rule out cancer as cause for hiccups; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	12-9-20 He was involved in an MVA about 9 days ago. Continues to have stiff neck and pain after getting whiplash. He did not receive medical attn at the time;12-15-20 Patient is 42 y.o. male here for right sided back pain. It was resolving since MVA but ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient states that she attends physical therapy as directed, but there is still increasing weakness. Patient states she notices shaking and tingling when gripping objects.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 01/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given pt. was given medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 01/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given pt. was given medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	C-SPINE RIGHT ARM NUMBNESS, PERSISTANT PAIN, R/O DISC HERNIATION. L-SPINE LEFT LEG WEAKNESS, NUMBNESS, PERSISTANT PAIN, R/O DISC HERNIATION; SEVERAL YEARS, PROGRESSIVELY WORSENING; There has been treatment or conservative therapy.; PAIN & NUMBESS IN BACK NECK & JOINTS. DROPPING THINGS.; ACTIVITY MODIFICATION, MEDICATIONS, REST, HEAT, PHYSICAL THERAPY, INJECTIONS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt having limited Range of motion in left shoulder with continued pain. No relief from medication and home therapy. Also having Radiating pain in lower back going down both legs. Some numbness in both legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological exam assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	C-SPINE RIGHT ARM NUMBNESS, PERSISTANT PAIN, R/O DISC HERNIATION. L-SPINE LEFT LEG WEAKNESS, NUMBNESS, PERSISTANT PAIN, R/O DISC HERNIATION; SEVERAL YEARS, PROGRESSIVELY WORSENING; There has been treatment or conservative therapy.; PAIN & numbeSS IN BACK NECK & JOINTS. DROPPING THINGS.; ACTIVITY MODIFICATION, MEDICATIONS, REST, HEAT, PHYSICAL THERAPY, INJECTIONS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; It is unknown when the pain started; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There was an X-Ray preformed, which showed a lesion on the pelvic and the treating physician and radiology tech would like to see more of the lesion that was shown.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >Pain in left leg, patient not able to sleep; This study is being ordered for a neurological disorder.; 12/08/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Pain in left leg; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/22/2014; There has been treatment or conservative therapy.; Patient is pain that radiates to her neck and shoulders upper and lower extremity and neck and ankles. Joint pain back pain and left ankles pain after several surgery. Swelling tenderness and palpitation, Pre Opt plainning; Patient had injections and muscle relaxers opioids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >Pain in left leg, patient not able to sleep; This study is being ordered for a neurological disorder.; 12/08/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Pain in left leg; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt having limited Range of motion in left shoulder with continued pain. No relief from medication and home therapy. Also having Radiating pain in lower back going down both legs. Some numbness in both legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Knee pain, chronic, negative xray She has hx of "mass" behind left knee. It has been hurting since 2012 when she was told she had something benign behind her knee. The pain has recently increased. It only hurts when she is sitting and bending her knee. Pa; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Looking for a loose body/ Joint; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >Pain in left leg, patient not able to sleep; This study is being ordered for a neurological disorder.; 12/08/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Pain in left leg; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	1/26/2021; There has not been any treatment or conservative therapy.; abdomen pain, chest pain and pain radiating from chest to left side of neck; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	rule out cancer as cause for hiccups; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		She is currently having sinus infection sx but this could be related to her COVID infection (diagnosed on 1/2/21); "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Allergy & Immunology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ambulatory/Walk-in Clinic	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ambulatory/Walk-in Clinic	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ACUTE CHRONIC PANCREATITIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ambulatory/Walk-in Clinic	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ambulatory/Walk-in Clinic	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram ; This is a request for a Cervical Spine CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. ; ; last several years; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; Describe primary symptoms here - or Type In Unknown If No Info Given pain pills; This study is being ordered for Other; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	NA; Spondylosis without myelopathy or radiculopathy, site unspecified; There has been treatment or conservative therapy.; MRI lumbar spine is being requested to further evaluate the patient's;persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective;findings, into the decision process in formulating a treatment plan for this; As we prefer multi-modal approach, the patient is being referred to physical therapy to be evaluated and treated,as per indications. PT will help to improve patient's function by strengthening weakened muscles and restoring;normal range of motion. The g; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Professional caregivers seen in the past include family;physician. The following tests have been done in the past: MRI scan or CT scan .;She has tried NSAIDs-ibuprofen, aleve, tylenol, sports creams, Celebrex and;Hydrocodone in the past. The treatment; January 13th 2020; There has not been any treatment or conservative therapy.; Ms. Kramer presents today to discuss chronic pain. She notes issue with pain in her;left shoulder, low back , and hips.;; The patient complains of pain in neck, in mid back, in;shoulder, in head (back of head) and in head (front of head and sides). Th; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient presents today for follow up. They report increased pain;that is not controlled with current medication regimen. The pain is limiting their daily;activities as well as their enjoyment of life. The patient complains of pain in neck and;in lo; Unknown; There has been treatment or conservative therapy.; He states that about a month ago, he started having increased pain in his neck. Ever;since that incident, he has had periodic sharp stabbing pain that radiates from his;neck down into his upper and lower extremities. He has also had numbness in his;han; Treatment History: Professional caregivers seen in the past include primary care;physician, physical therapist, massage therapist, chiropractor. The following tests;have been done in the past: MRI scan or CT scan and myelogram . He has tried;NSAIDs- ib; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Foot Drop is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	NA; Spondylosis without myelopathy or radiculopathy, site unspecified; There has been treatment or conservative therapy.; MRI lumbar spine is being requested to further evaluate the patient's; persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective; findings, into the decision process in formulating a treatment plan for this; As we prefer multi-modal approach, the patient is being referred to physical therapy to be evaluated and treated; as per indications. PT will help to improve patient's function by strengthening weakened muscles and restoring; normal range of motion. The g; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. ; ; last several years; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; Describe primary symptoms here - or Type In Unknown If No Info Given pain pills; This study is being ordered for Other; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is a 71 year old female who presents to establish care. She reports a history;of abdominal and low back pain. She states that the pain has been going on for a;couple of years. She describes the pain as a throbbing, shooting, stabbing, sharp;pai; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Professional caregivers seen in the past include family;physician. The following tests have been done in the past: MRI scan or CT scan .;She has tried NSAIDs-ibuprofen, aleve, tylenol, sports creams, Celebrex and;Hydrocodone in the past. The treatment; January 13th 2020; There has not been any treatment or conservative therapy.; Ms. Kramer presents today to discuss chronic pain. She notes issue with pain in her;left shoulder, low back , and hips.;; The patient complains of pain in neck, in mid back, in;shoulder, in head (back of head) and in head (front of head and sides). Th; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	11 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Lower extremity over reactive to stimulus best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; It is unknown if there is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had TENS/EMS/Diathermy/Laser therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Pre-operative evaluation; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72192 Computed tomography, pelvis; without contrast material	Musculoskeletal: Gait and station antalgic. Normal lumbar lordosis and normal thoracic kyphosis. No;Scoliosis or abnormal thoracic kyphosis is noted.;Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperexten; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient is a 71 year old female who presents to establish care. She reports a history;of abdominal and low back pain. She states that the pain has been going on for a;couple of years. She describes the pain as a throbbing, shooting, stabbing, sharp;pai; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Approval	74150 Computed tomography, abdomen; without contrast material		Patient is a 71 year old female who presents to establish care. She reports a history;of abdominal and low back pain. She states that the pain has been going on for a;couple of years. She describes the pain as a throbbing, shooting, stabbing, sharp;pai; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	In addition to low back pain she notes pain in her neck and shoulder along with mid;back pain. She has history of cervical x-ray imaging which notes facet joint disease;and suggests if symptoms continue as they have to include cervical radiculopathy, to; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; The patient reports leg weakness.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; Unknown; There has been treatment or conservative therapy.; Pain Details: This is a new patient consult for evaluation of chronic pain symptoms. The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradua; Treatment History: Professional caregivers seen in the past include family physician, physical therapist and pain medicine physician. He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zanaflex, Effexor, Hydrocodone and Oxycodone in the past. ; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Assessment: Patient is a pleasant veteran who returns with low back and neck pain. He has been having some increased cervical pain with radiation down his arms as well, he has been doing exercises, chiropractic care, and TENS therapy recently without sign; 2006; There has been treatment or conservative therapy; Pain Details: The patient presents today for follow up. They report increased pain that is not controlled with current medication regimen. The pain is limiting their daily activities as well as their enjoyment of life. The patient complains of pain in nec; Treatment History: Professional caregivers seen in the past include family physician and general surgeon. The following tests have been done in the past: MRI scan or CT scan . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Diclofenac, Hydr; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Discussed chronic back pain and neck pain that radiates to shoulders. Sitting pain is what is worse, states he can not get comfortable. As I prefer a multimodal treatment plan refer to physical therapy, taking prescription medication for pain; unknown; There has not been any treatment or conservative therapy.; Lower Back Pain, Mid Back Pain, Neck Pain, Shoulder Pain, Upper Back Pain, Neck and Arm Pain and Low Back and Leg Pain.The ; pain is aching, cramping, shooting, when looking down, while sitting, while standing, if the air pressure changes, when coughing ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 01/25/2021; There has been treatment or conservative therapy.; low back pain; HEP. injections; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	In addition to low back pain she notes pain in her neck and shoulder along with mid;back pain. She has history of cervical x-ray imaging which notes facet joint disease;and suggests if symptoms continue as they have to include cervical radiculopathy, to; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient continues to note lower lumbar pain with radiating pain into bilateral hips and;numbness and burning into the tops of her thighs. She also notes persistent and;recently acutely exacerbated cervical pain with weakness and numbness in her right;; 06/06/2019; There has been treatment or conservative therapy.; Patient continues to note lower lumbar pain with radiating pain into bilateral hips and;numbness and burning into the tops of her thighs. She also notes persistent and;recently acutely exacerbated cervical pain with weakness and numbness in her right;; She had 6 weeks of PT in 2019 at Therapy works in Highland, AR.; This study is being ordered for Severe Scoliosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; It is unknown if the therapy was completed in the last 6 months; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; None of the above are documented.; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had TENS/EMS/Diathermy/Laser therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; This study is being requested for Pre-operative evaluation; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; more than a few years ago; There has been treatment or conservative therapy.; spasms of spinal muscles, radiculopathy, painful flexion, difficulty walking, spine tenderness, joint pain. palpitation of joints and muscles, pain pattern; injections, physical therapy, ablation, medication; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; Unknown; There has been treatment or conservative therapy.; Pain Details: This is a new patient consult for evaluation of chronic pain symptoms. The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradua; Treatment History: Professional caregivers seen in the past include family physician, physical therapist and pain medicine physician. He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zanaflex, Effexor, Hydrocodone and Oxycodone in the past. ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 01/25/2021; There has been treatment or conservative therapy.; low back pain; HEP. injections; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Mid to lower back pain, pain is aching, burning, cramping.;deep, sharp, shooting and throbbing. persistent pain and symptoms, taking prescription meds for pain, pain is all the time. Professional caregivers seen in the past include chiropractor, physical; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Horton presents today for a follow up visit. He reports continued low back pain;that he relates to a MVC in 2003. He has trialed interventional procedures LESI and;LMBB and RFA procedures and reports were somewhat effective to reduce pain.;Patient ; ; There has been treatment or conservative therapy.; The patient complains of pain in;lower back. The patient has been experiencing this pain for more than 10 years. He;reports onset of pain after motor vehicle accident . The patient describes his pain as;constant with intermittent flare ups and constant; Patient has had LESI's, LMBB's and Neurotomy, as well as PT. Professional caregivers seen in the past include family;physician. The following tests have been done in the past: MRI scan or CT scan . He;has tried NSAIDs-ibuprofen, aleve, tylenol, sport; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; The patient reports unsteady walk and leg weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; Unknown; There has been treatment or conservative therapy.; Pain Details: This is a new patient consult for evaluation of chronic pain symptoms. The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradua; Treatment History: Professional caregivers seen in the past include family physician, physical therapist and pain medicine physician. He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zanaflex, Effexor, Hydrocodone and Oxycodone in the past. ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Assessment: Patient is a pleasant veteran who returns with low back and neck pain. He has been having some increased cervical pain with radiation down his arms as well, he has been doing exercises, chiropractic care, and TENS therapy recently without sign; 2006; There has been treatment or conservative therapy.; Pain Details: The patient presents today for follow up. They report increased pain that is not controlled with current medication regimen. The pain is limiting their daily activities as well as their enjoyment of life. The patient complains of pain in nec; Treatment History: Professional caregivers seen in the past include family physician and general surgeon. The following tests have been done in the past: MRI scan or CT scan . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Diclofenac, Hydr; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Discussed chronic back pain and neck pain that radiates to shoulders. Sitting pain is what is worse, states he can not get comfortable. As I prefer a multimodal treatment plan refer to physical therapy, taking prescription medication for pain; unknown; There has not been any treatment or conservative therapy.; Lower Back Pain, Mid Back Pain, Neck Pain, Shoulder Pain, Upper Back Pain, Neck and Arm Pain and Low Back and Leg Pain.The ; pain is aching, cramping, shooting, when looking down, while sitting, while standing, if the air pressure changes, when coughing ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mid to lower back pain, pain is aching, burning, cramping,;deep, sharp, shooting and throbbing. persistent pain and symptoms, taking prescription meds for pain, pain is all the time. Professional caregivers seen in the past include chiropractor, physical; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Horton presents today for a follow up visit. He reports continued low back pain;that he relates to a MVC in 2003. He has trialed interventional procedures LESI and;LMBB and RFA procedures and reports were somewhat effective to reduce pain.;Patient ; ; There has been treatment or conservative therapy.; The patient complains of pain in;lower back. The patient has been experiencing this pain for more than 10 years. He;reports onset of pain after motor vehicle accident . The patient describes his pain as;constant with intermittent flare ups and constant; Patient has had LESI's, LMBB's and Neurotomy, as well as PT. Professional caregivers seen in the past include family;physician. The following tests have been done in the past: MRI scan or CT scan . He;has tried NSAIDs-ibuprofen, aleve, tylenol, sport; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient continues to note lower lumbar pain with radiating pain into bilateral hips and;numbness and burning into the tops of her thighs. She also notes persistent and;recently acutely exacerbated cervical pain with weakness and numbness in her right;; 06/06/2019; There has been treatment or conservative therapy.; Patient continues to note lower lumbar pain with radiating pain into bilateral hips and;numbness and burning into the tops of her thighs . She also notes persistent and;recently acutely exacerbated cervical pain with weakness and numbness in her right;; She had 6 weeks of PT in 2019 at Therapy works in Highland, AR.; This study is being ordered for Severe Scoliosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient presents today for follow up. They report increased pain;that is not controlled with current medication regimen. The pain is limiting their daily;activities as well as their enjoyment of life. The patient complains of pain in neck and;in lo; Unknown; There has been treatment or conservative therapy.; He states that about a month ago, he started having increased pain in his neck. Ever;since that incident, he has had periodic sharp stabbing pain that radiates from his;neck down into his upper and lower extremities. He has also had numbness in his;han; Treatment History: Professional caregivers seen in the past include primary care;physician, physical therapist, massage therapist, chiropractor. The following tests;have been done in the past: MRI scan or CT scan and myelogram . He has tried;NSAIDs- ib; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; The pain started Greater than 3 months but less than 6 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; It is unknown if the therapy was completed in the last 6 months	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits;	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; It is unknown if there is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; more than a few years ago; There has been treatment or conservative therapy.; spasms of spinal muscles, radiculopathy, painful flexion, difficulty walking, spine tenderness, joint pain. palpitation of joints and muscles, pain pattern; injections, physical therapy, ablation, medication; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing right pelvic pain. Unsure of what is causing such pain and would like an MRI for further evaluation.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.; It is not known if surgery is planned for within 30 days.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	chronic pain; This study is being ordered for trauma or injury.; 10/28/20; There has been treatment or conservative therapy.; throbbing, aching pain; right knee meniscectomy and chondroplasty; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	chronic pain; This study is being ordered for trauma or injury.; 10/28/20; There has been treatment or conservative therapy.; throbbing, aching pain; right knee meniscectomy and chondroplasty; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is NOT a scheduled date with an orthopedic specialist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up stent; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	follow up stent; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	No Info Given. There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; unknown; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; 1. Hypertension-better today, patient forgot to bring log in but reports systolic in the 140s or below at home;2. ATAA- managed by CVS;;No medication changes today, he will continue his log and call if his sbp begins to increase over 150s consistent; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; 62-year-old Caucasian female sternal wound dehiscence. who had a CABG several years ago and had sternal dehiscence. She is here today for correction of that problem.The sternum is wide open.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; Agree; This request is for a Pre-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	aaortic root aneurysm 4.4 cm check aneurysm for growth; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ascending aortic thoracic aneurysm monitoring.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	cp, cad, valve stenosis, sob,; This study is being ordered for Vascular Disease.; avs; There has been treatment or conservative therapy.; The problem has been gradually worsening. Associated symptoms include chest pain, congestion and fatigue. Pertinent negatives include no abdominal pain, arthralgias, chills, coughing, diaphoresis, fever, joint swelling, nausea, rash, sore throat, vomiting; Mr. John H Tillman is a very pleasant 83-year-old gentleman with severe aortic valve stenosis and coronary artery disease referred for further evaluation and consideration for potential transcatheter aortic valve replacement (TAVR).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	dissection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; aortic dissection; There has been treatment or conservative therapy.; hypertension; Medication, testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	It is to monitor his aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has an AAA 7.2cm x 7.4cm. this is a 6 month follow up to check for any changes; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	cp, cad, valve stenosis, SOB.; This study is being ordered for Vascular Disease.; avs; There has been treatment or conservative therapy.; The problem has been gradually worsening. Associated symptoms include chest pain, congestion and fatigue. Pertinent negatives include no abdominal pain, arthralgias, chills, coughing, diaphoresis, fever, joint swelling, nausea, rash, sore throat, vomiting; Mr. John H Tillman is a very pleasant 83-year-old gentleman with severe aortic valve stenosis and coronary artery disease referred for further evaluation and consideration for potential transcatheter aortic valve replacement (TAVR).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	dissection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; aortic dissection; There has been treatment or conservative therapy.; hypertension; Medication, testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient was referred to office with aaa. Follow up ; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	The patient is a 76-year-old gentleman here for evaluation of of a abdominal aortic aneurysm as well as a right coronary artery graft aneurysm. I would like to discuss his right coronary graft aneurysm with Dr. McKee his cardiologist. I suspect there is; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	9 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if the patient is asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled.; Agree; The ordering MDs specialty is Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	known brain aneurysm from 04/2020 ascending thoracic aortic aneurysm that is measuring 4.8 to 5.1 seeing surgeon for chest pain and weakness. History of hypertension, cva, bipolar schizophrenia and hypothyroidism.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	known brain aneurysm from 04/2020 ascending thoracic aortic aneurysm that is measuring 4.8 to 5.1 seeing surgeon for chest pain and weakness. History of hypertension, cva, bipolar schizophrenia and hypothyroidism.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	known brain aneurysm from 04/2020 ascending thoracic aortic aneurysm that is measuring 4.8 to 5.1 seeing surgeon for chest pain and weakness. History of hypertension, cva, bipolar schizophrenia and hypothyroidism.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if the patient is asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Dizziness. Fatigue.; Carotid Dopplers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	carotid stenosis; This study is being ordered for Vascular Disease.; 08/27/19; There has been treatment or conservative therapy.; carotid stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Dizziness. Fatigue.; Carotid Dopplers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	carotid stenosis; This study is being ordered for Vascular Disease.; 08/27/19; There has been treatment or conservative therapy.; carotid stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	I65.23evaluated Creat; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	History of left sided CVA, recent left TIA's, carotid stenosis, AAA; This study is being ordered for Vascular Disease.; 01/16/2021; It is not known if there has been any treatment or conservative therapy.; weakness, fatigue, slurred speech, has fallen, blurred vision,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	I65.23evaluated Creat; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; Mr. Johnson is here for hospital follow up appointment. Was evaluated at AHH ER last night for possible CVA. Underwent CT Head that showed no acute intracranial findings. His wife states his balance was off, having diaphoresis and pain in between his shou; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms ; known syncope; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; ; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	; It is unknown if surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	5 mm nodule in left upper lobe, new from the prior study. A calcified granuloma is also present in the left upper lobe.ONE YEAR FOLLOWUP. IAST STUDY WAS 12/24/2019; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL UNINTENTIONAL WEIGHT LOSS, HAS LOST 35 LBS SINCE 03/2020; There has not been any treatment or conservative therapy.; ABNORMAL UNINTENTIONAL WEIGHT LOSS, HAS LOST 35 LBS SINCE 03/2020; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	patient just had a CABG and needs a post-op CT of the chest for a post-op wound infection of the sternum; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is 54 years old or younger.; Yes this is a request for a Diagnostic CT ; Lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient presents today s/p CABG. Postoperative recovery has been uncomplicated. Incisions are well healed, no sternal movement with cough. Preop duplex indicates normal carotid arteries with less than 50% stenosis bilaterally. Does admit to still having s; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Chest injury or trauma within the past 2 weeks; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; REPEAT CT OF CHEST IN FEBRUARY 2021 FOR FURTHER EVAL OF PT THORACIC AORTIC ANEURYSM.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Thoracic aortic aneurysm (TAA), known, follow up; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);; This request is for Not listed above; Agree; This request is for Chest pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Thoracic aortic aneurysm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	unknown - Transplant; It is not known if there has been any treatment or conservative therapy.; Pre- op planning and required testing; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	was lifting weights and tore the insertion of his left pectoralis major muscle. This is softly been surgically repaired. The initial evaluation that included an ultrasound the chest which in addition to denoting the muscular tear describes a 1.1 x 0.9 cm ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1. Palpitations, most likely secondary to premature atrial contractions: Controlled.;2. Dyslipidemia.;3. Mild ascending aortic aneurysm: 4.1 cm by CT angiogram done in January 2020.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	AAA Surveillance; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Acute Thoracic aortic dissection.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; There is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Because of elevated BNP and moderate to severe aortic stenosis, she may have arrived at the level of doing a TAVR and so she needs to be referred to the TAVR program for further investigation.; This study is being ordered for Vascular Disease.; 5/25/2016; It is not known if there has been any treatment or conservative therapy.; dyspnea/severe aortic stenosis ;elevated BNP/mitral valve regurgitation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Follow up; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient has history of aortic dissection, this is post repair follow up. patient is having chest pains; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient having leg edema; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/3/2021; There has been treatment or conservative therapy.; Patient has chest pain shortness of breath on exertion syncope and symptoms of avina cava syndrome; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	REPEAT ECHO SHOWED MILD TO MODERATE AORTIC REGURGITATION. NO SIGNIFICANT CHANGE IN HIS AORTIC SIZE. CTA TO ESTABLISH BASELINE.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Routine followup of a known thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	15 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Thoracic aortic aneurysm (TAA), follow up ;Aortic disease, nontraumatic; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	; This study is being ordered for Congenital Anomaly.; 08/03/1994; There has been treatment or conservative therapy.; palpitations, arrhythmia; Previous surgical intervention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	; This study is being ordered for Congenital Anomaly.; 09/02/2011; There has been treatment or conservative therapy.; Abnormal pulmonary artery pressure.; Tetralogy of fallot repair with unifocalization of the collaterals followed by pulmonary valve replacement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	A repeat cardiac MRI is planned to take place in the next couple of months to help determine need and timing for pulmonary valve replacement.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 02/25/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given echo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	He does have severely reduced systemic right ventricular function with an ejection fraction of 31% on his cardiac MRI from 2015. The function appears to be better on his echocardiogram. Fortunately he does not have any significant systemic tricuspid val; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/1980; There has been treatment or conservative therapy.; 39 y.o. male with a history of D transposition of great arteries s/p atrial switch operation.; D-transposition of great arteries status post atrial switch (Mustard) procedure; Short episodes of nonsustained supraventricular tachycardia with aberrant conduction versus ventricular tachycardia documented on Holter.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	History of left sided CVA, recent left TIA's, carotid stenosis, AAA; This study is being ordered for Vascular Disease.; 01/16/2021; It is not known if there has been any treatment or conservative therapy.; weakness, fatigue, slurred speech, has fallen, blurred vision.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Patient with history of balloon dilation of aortic valve.; This study is being ordered for Vascular Disease.; This is congenital.; There has been treatment or conservative therapy.; Unknown; cardiac catheterization and ballon aortic valvuloplasty on 04/2004. routine medical care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	tested in 2018 for EKG, echo done in 3/4/2020; This study is being ordered for Congenital Anomaly.; 10-15-1985 (since birth); There has not been any treatment or conservative therapy.; no partition in sports, blurred vision, respiratory, shortness of breath, sleep disturbance, cold & heat intolerance, joint pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	evaluation of blood flow; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; pain, swelling, claudication; Aorto bifemoral bypass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Ms. Miller is here for a follow up visit. Starting indapamide every other day has helped her symptoms. She continues to have abdominal pain. She has a rash on both hands. It on her 3-5th fingers, her skin is peeling and very dry. Dr. Ison gave her some cr; There has been an abnormal finding on physical exam.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Because of elevated BNP and moderate to severe aortic stenosis, she may have arrived at the level of doing a TAVR and so she needs to be referred to the TAVR program for further investigation.; This study is being ordered for Vascular Disease.; 5/25/2016; It is not known if there has been any treatment or conservative therapy.; dyspnea/severe aortic stenosis ;elevated BNP/mitral valve regurgitation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	evaluation of blood flow; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; pain, swelling, claudication; Aorto bifemoral bypass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	marked shortness of breath on exertion, going 75 - 100 yards and he is very short of breath, has to stop. now last month or so has pressure in the chest when he exerts himself. he has attributed his sob to gaining weight since back injury a few years ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pre TAVR eval for moderate aortic stenosis.; This study is being ordered for Vascular Disease.; 12-21-2020; There has not been any treatment or conservative therapy.; worsening of heart valve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PRE TAVR evaluation; This study is being ordered for Vascular Disease.; 2/1/2021; There has not been any treatment or conservative therapy.; dyspnea, dizziness and giddiness, hypertensive heart disease without heart failure, non-rheumatic aortic valve stenosis, and severe aortic valve stenosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	14 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABNORMAL UNINTENTIONAL WEIGHT LOSS, HAS LOST 35 LBS SINCE 03/2020; There has not been any treatment or conservative therapy.; ABNORMAL UNINTENTIONAL WEIGHT LOSS, HAS LOST 35 LBS SINCE 03/2020; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); adrenal adenoma, right 1.7 cm; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Mrs Wise is a 59 y/o female with a BMI of 50 that presents to clinic for a bariatric consult. She has struggled with obesity for over 20 years and has numerous failed attempts at weight loss with diet, exercise and behavior modification. She wishes to los; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal distention and pain, RLQ; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Illiac aneurysm; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is known or suspicion of Vascular disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown - Transplant; It is not known if there has been any treatment or conservative therapy.; Pre- op planning and required testing; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	This is a request for a MR Angiogram of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	; This study is being ordered for Congenital Anomaly.; 08/03/1994; There has been treatment or conservative therapy.; palpitations, arrhythmia; Previous surgical intervention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	; This study is being ordered for Congenital Anomaly.; 09/02/2011; There has been treatment or conservative therapy.; Abnormal pulmonary artery pressure.; Tetralogy of fallot repair with unifocalization of the collaterals followed by pulmonary valve replacement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	A repeat cardiac MRI is planned to take place in the next couple of months to help determine need and timing for pulmonary valve replacement.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	<p>Congenital malformations of cardiac chambers and connections ;To assess main and branch pulmonary arteries status post arterial switch in Lecompte maneuver, quantify biventricular volume and function, quantify aortic and pulmonary regurgitation and major; This study is being ordered for Congenital Anomaly.; She was shortness of breath and tired while running. ;1995 - Springfield, Missouri - ;2001-Arkansas ;Started seeing a cardiologist Dr Camp since 2015. Once a year.; It is not known if there has been any treatment or conservative therapy.; symptoms of palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 02/25/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given echo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	<p>He does have severely reduced systemic right ventricular function with an ejection fraction of 31% on his cardiac MRI from 2015. The function appears to be better on his echocardiogram. Fortunately he does not have any significant systemic tricuspid val; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/1980; There has been treatment or conservative therapy.; 39 y.o. male with a history of D transposition of great arteries s/p atrial switch operation.; D-transposition of great arteries status post atrial switch (Mustard) procedure;Short episodes of nonsustained supraventricular tachycardia with aberrant conduction versus ventricular tachycardia documented on Holter.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Noah is a 6 year old male with history of WPW, muscular VSD (resolved), and large duplicated right atrial appendage who presents today for scheduled follow up. He underwent EP study and attempted ablation on 4/25/19. This was significant for the finding o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Patient with history of balloon dilation of aortic valve.; This study is being ordered for Vascular Disease.; This is congenital.; There has been treatment or conservative therapy.; Unknown; cardiac catheterization and ballon aortic valvuloplasty on 04/2004. routine medical care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	tested in 2018 for EKG, echo done in 3/4/2020; This study is being ordered for Congenital Anomaly.; 10-15-1985 (since birth); There has not been any treatment or conservative therapy.; no partition in sports, blurred vision, respiratory, shortness of breath, sleep disturbance, cold & heat intolerance, joint pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Because of elevated BNP and moderate to severe aortic stenosis, she may have arrived at the level of doing a TAVR and so she needs to be referred to the TAVR program for further investigation.; This study is being ordered for Vascular Disease.; 5/25/2016; It is not known if there has been any treatment or conservative therapy.; dyspnea/severe aortic stenosis ;elevated BNP/mitral valve regurgitation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	This is a request for Heart CT Congenital Studies.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Abnormal Stress Echocardiogram results; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Evaluation of a patient that has a complaint of shortness of breath on exertion. Patient has been evaluated by pulmonology and they do not feel that it is a lung issue and the referred to cardiology. Myocardial Perfusion scan was done 12/17/2020 which ind; This is a request for CTA Coronary Arteries; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	left heart catheterization recently. poor visualization and poor study; This is a request for CTA Coronary Arteries.; A study not listed has been completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	marked shortness of breath on exertion, going 75 - 100 yards and he is very short of breath, has to stop. now last month or so has pressure in the chest when he exerts himself. he has attributed his SOB to gaining weight since back injury a few years ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient is presenting for evaluation of chest pain. She had presented to UAMS ED in February and cardiac enzymes were negative and EKG did not reveal acute ischemic changes. She reports that she is concerned given her FHx of heart disease and is presentin; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Pre TAVR eval for moderate aortic stenosis.; This study is being ordered for Vascular Disease.; 12-21-2020; There has not been any treatment or conservative therapy.; worsening of heart valve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PRE TAVR evaluation; This study is being ordered for Vascular Disease.; 2/1/2021; There has not been any treatment or conservative therapy.; dyspnea, dizziness and giddiness, hypertensive heart disease without heart failure, non-rheumatic aortic valve stenosis, and severe aortic valve stenosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	11 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 1/4/21 abnormal abi and arterial u/s suggestive of PVD.; There has been treatment or conservative therapy.; claudication; testing, medications, continued claudication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	32 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient has a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; achy cramping and burning in the chest area and frequent calf pain fatigued easily by exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Had a few episodes of chest over Thanksgiving, he is here to follow up on that. The pain "hit him" while watching football and went from one side of the chest to the other. He states he had 2 episodes that were back to back. Each episode lasted about 5 to; There has not been any treatment or conservative therapy.; Chest pain, atypical - last episode in November - consider GI vs angina;- will get nuclear stress test, he is not able to walk far due to dyspnea and chronic back pain;;Dypsnea on exertion;- echo today;;GERD ;- on carafate and protonix;;Essential; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCT 2020; There has not been any treatment or conservative therapy.; SSS/ AFIBT PSVT. S/P COVID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; it is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; CONTINUED CARD; There has not been any treatment or conservative therapy.; CHEST PRESSURE/ SOB MILD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Abnormal EKG with left bundle-branch block. We will check a Lexiscan to rule out ischemia as an etiology.;2. Dyspnea on exertion. We will check an echocardiogram in addition to Lexiscan as above.;3. Chronic active smoker. I strongly encouraged ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Acute on chronic diastolic congestive heart failure.;2. Hypertensive heart disease with significant left ventricular hypertrophy and restrictive filling pattern. ;3. Recent coronary artery bypass surgery.;4. Diabetes mellitus with obesity and/o; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Coronary artery disease, status post revascularization of the left circumflex artery in August 2018.;2. Episode of chest discomfort with palpitations, likely indicative of angina though arrhythmia must also be considered.;3. Hypertension.;4. Tob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Left-sided chest pain, possible angina with a moderate pretest probability for coronary artery disease.;2. Exertional dyspnea.;3. Edema.;4. Palpitations.;5. History of syncope, now resolved.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	a 35 year old African American female with a chronic past medical history of hypertension, anxiety, diabetes, and obesity, referred for cardiac evaluation. Patient reports having aching midsternal chest pain that can be constant for a few days and sometimes it is intermittent and can radiate into her back as well as left shoulder. Patient reports having palpitations that can occur with rest or exertion lasti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	A 68-year-old gentleman with;;;1. Chronic atrial fibrillation, rate controlled and anticoagulated with Xarelto.;;2. Acute diastolic heart failure exacerbation.;;3. History of pulmonary embolism, anticoagulated.;;4. Intermittent chest discomfort an; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2021; It is not known if there has been any treatment or conservative therapy.; He was complaining of for one week having some paroxysmal nocturnal dyspnea, orthopnea, leg swelling, and shortness of breath. He wakes up in the middle of the night gasping for air. He has to get up and walk for a few minutes, and the breathing will get; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ABN EKG, ST-&T WAVE ABNORMALITY.; complaining of CCS class III angina. ;c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation. Denies any shortness of breath or palpitations. No syncope.Denies any claudication.;htn : On aml0; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	abnormal ascending aortic aneurysm which measured at 4 cm. ;Abnormal EKG shows sinus rhythm with right bundle-branch block.;Type 2 diabetes;hyperlipidemia;hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Abnormal stress EKG, with evidence of inducible myocardial ischemia in inferior and lateral leads at 90% of the maximal predicted heart rate.;2. Normal blood pressure response at maximal exertion.;3. There was no evidence of exercise induced arrhythmia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Abnormal treadmill stress test documenting inferior and apical ST depression of 2mm.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Angina, SOB, A-fib. No stress echos done within 60 mile radius. Patient cannot walk on treadmill due to severe shortness of breath and severe limitation from the atrial fib.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Angina, worsening shortness of breath with exertion, HTN, palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD monitoring, last Echo 2018; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD with bypass 10/2004;Myocardial infarct, s/p Inferior MI 10/4/2008;dyspnea with exertion;BMI 34;hyperlipidemia;hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD with stent to RCA, LAD, and PDA;;chest pain radiating to face/neck;;smokes 1 ppdx 10yr;;family history CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD/ANGINA;NO STRESS ECHO WITHIN 60 MILE RADIUS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	cardiac clearance for upcoming peripheral intervention.S1 normal, S2 normal, 3/6 systolic murmur, tachycardic; This study is being ordered for Vascular Disease.; 1/13/21, but patient has a history of PVD; There has been treatment or conservative therapy.; ; toprol XL 50 mg daily. Continue lotrel 5/10 mg daily and dyazide 37.5/25 mg daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Cardiomyopathy, CHF, PVD, CAD, Cerebral Infarct, COPD, Heart Murmur, bilateral carotid artery stenosis, tobacco use, hx of stenting in 2016, worsening soboe, fatigue.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain at rest, chest pain related to activity, palpitations, pain in legs with walking, edema, syncopal episodes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2021; It is not known if there has been any treatment or conservative therapy.; chest pain and tachycardia. His chest pain is dull, substernal, achy. It radiates to his shoulder and his neck. It occurs with exertion. It is predictable. It goes away with rest. His multiple coronary risk factors include male gender, family histor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CHEST PAIN THAT IS ONLY RELIEVED WITH REST, WORSE AT STRESS.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain with stress, relieved by rest; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain, abn testing, dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pressure;;abnormal ekg showing left bundle branch block and inferior st and t wave abnormality;;hypertension;;family history CAD;;smoked 1/2 ppd; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Coronary artery disease: The patient is status post single vessel coronary artery bypass grafting. He has left internal mammary artery to the left anterior descending artery. He has also had PCI to the ramus. Last ejection fraction 55-60%. Continue t; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; CAD,SOB, COVID; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Coronary artery disease/chest pain. A Lexiscan Myoview stress test has been ordered due to his knee problems. Shortness of breath. I have ordered an echocardiogram to assess LV function.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02-01-2021; There has not been any treatment or conservative therapy.; coronary artery disease, hyperlipidemia, hypertension. Recently he has noticed worsening exertional shortness of breath. He has also had some chest pain that is substernal in location, somewhat sharp. It occurs both at rest and with exertion. He report; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	cp, smoker.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/11/2021; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/2021; There has not been any treatment or conservative therapy.; Shortness of breathe fatigue family history cardiac problems; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	History of hypertension: The patient continues to have significantly elevated blood pressure. I will add p.r.n. hydralazine to the patient's regimen. She should otherwise continue her current medications.;2.History of renal dysfunction from lisinopri; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	HTN, CHF; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	HX OF ABNORMAL EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Known CAD with Angina, HTN, Hyperlipidemia, Cardiomyopathy, Unable to exercise; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	KNOWN CAD WITH NEW CARDIAC SYMPTOMS SUCH AS ANGINA. HTN, HYPERLIPIDEMIA. BILATERAL LEG PAIN,HIP PAIN WHEN WALKING.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	LIMITED ACTIVITY PAST 2 TO 3 WEEKSANKLE EDEMAEKG ABNORMAL R/O MASS; This study is being ordered for Vascular Disease.; 02/22/2021; There has been treatment or conservative therapy.; CHEST PAIN FOR 1 YEAR; LIMIT COFFEE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Linda Harris is a 62 yo female who was recently diagnosed, 2/8/2021, with HTN. No other health related issues were reported. "I was not feeling well at work and they sent to me to Dr. Buford because my BP was so high. About a week before that I began hav; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Linda Long is a 56 y.o. female with mitral valve prolapse, HTN, HPL and GERD. Pt recently had bronchitis. "I have continued to have shortness of breath and they tested me to see if I had the COVID antibody but I do not. Occasionally I will feel my heart ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Middle-aged man with exertional dyspnea, concerning for angina equivalent. Would get an MPI to further risk stratify. Would also get an echo to assess for SHD (has murmur on exam). Will check labs today. Of note, he has underlying bladder cancer s/p multi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	moderate anterior mid-chest pain, SOB, abnormal EKG poor r wave progression; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Kateb is a 45 year old male with a chronic past medical history of CAD, MI 2017, hypertension, and hyperlipidemia, here today for 6 month follow up. He presents to the office today with complaints of substernal chest pain described as squeezing, occur; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 month follow up; There has been treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; LOWER EXTREMITY EDEMA; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Patton is a pleasant 50-year-old gentleman who presents today for follow-up regarding his essential hypertension, mixed hyperlipidemia, nonrheumatic valvular heart disease and reports of palpitations as well as chest pain. He is a prior patient of Dr; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mrs. Laws is a 56 year old female here today as a new patient for carotid stenosis. She was in a MVA and was having chest pain. She went for a f/u with PCP who reportedly did a chest XR that noted a blockage in the left carotid artery.; carotid doppler 1/; This study is being ordered for Vascular Disease.; Okay so this patient was here seeing Stevenson for CEA eval. has 80-90 left carotid blockage per CTA. She cannot have SEC due to this and the NUC is pre op clearance for Stevenson. I am sure that is not in hallaks ov.; There has been treatment or conservative therapy.; CEA eval; testing; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. McDonald is a 59 y/o WW with a h/o smoking, PAD s/p PTA/stent, CAD (moderate to severe diffuse disease), HTN, HLP, smoking, and DM, here today to for a hospital follow up. She has not been seen in about two years. She says that she became concerned ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a month ago; There has not been any treatment or conservative therapy.; chest tightness with exertion; This pain feels like a heaviness and is associated with shortness of breath; She also has chronic lower extremity pains.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Pugh is a 32 year old BW with a past medical history of PE, hypertension, protein S Deficiency, asthma, OSA, family history of CAD, anxiety, depression, arthritis, GERD, and obesity. She has been referred by Dr. Robert Scott for a cardiac evaluation ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n the last 2 months; There has not been any treatment or conservative therapy.; She also has complaints of sharp substernal chest pain that can occur upon exertion and with rest. She says this pain is non-radiating and has no associated symptoms. No identifiable triggers and spontaneously resolves. he states having exertional short; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Pugh is a 51 year old African American female with a chronic past medical history of mild to moderate nonobstructive CAD, hypertension, hyperlipidemia, diabetes, and obesity, referred for cardiac evaluation. She presents to the office today with compl; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; PALPITATIONS; SHORTNESS OF BREATH; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Seymore is a 56 yo wmn with CAD, PVD, She is s/p fem pop bypass on 1/17/2020, PQ bypass in 2018 had closed. Incision is healing well. No drainage or signs of infection. ; She has hx of CAD s/p CABG x5 4/2016, PAD, HTN, & DM. ; She repo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	NA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the past few weeks; There has been treatment or conservative therapy.; reports of having increased shortness of breath with palpitations that occur with minimal exertion. Patient reports that for the past few weeks she has been having chest pain with the palpitations that feel like her heart is racing and feels the need to r; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient complains of mild mid chest pain, at rest, and mild exertion, radiated to face associated with sweating, lasting 1-2 minutes. Patient has syncope and collapse, tachycardia and angina pectoris.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has CAD, along with chest pain and shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has CAD, as well as hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has CAD, PAD, shortness of breath, syncope with collapse, dizziness. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has Malignant hypertension, diabetes, chest pain, family history of ASCVD, hypercholesteremia and essential hypertension. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient having chest pain and SOB, unable to walk on TM due to back issues and leg pain requiring injections.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient presents to the office with complaint of chest heaviness, shortness of breath, fatigue, and lethargy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Do not have a date of onset. Just have a report that it recently started.; There has been treatment or conservative therapy.; chest pain, shortness of breath and fatigue; He has had an EKG and chest xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PRE-OP CLEARANCE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT HAD AN ABNORMAL TREADMILL STRESS TEST.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt has had prior CABG with new onset of chest pain and cardiac symptoms; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt with non-obstructive CAD having CP with left arm pain/numbness and dyspnea on exertion; smoker; non-diagnostic bike stress echo due to worsening effort tolerance; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	She gives recent history of intermittent chest pain that is relieved with 1 nitro.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Shortness of Breath; This study is being ordered for Vascular Disease.; 15 years ago; There has been treatment or conservative therapy.; Chest pain, Dyspnea; Stents, Medicaiton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Shortness of breath;- Will get echo;;Hypertension;- Controlled, continue current medication;- Low salt intake;;CAD;- Stable, s/p CABG 2018;;;PPM;- Last checked 2/2021; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Stress Echo was abnormal, patient has dyspnea on exertion, abnormal EKG, hypertension, NYHA Class II, SOB, fatigue, PVC and left bundle branch block; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	SYMPTOMATIC PT WITH KNOWN CAD AND PREVIOUS STENT PLCMNT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This 62 year old female presents for abnormal echo.;Ms Macklin is a 62 yr old female who presents for new patient evaluation. History of CKD, hypertension, and hyperlipidemia. History of breast cancer followed per Dr Khalil. Echo 12/21/2020 revealed EF 5; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs every several days. The problem has been gradually worsening. The quality of the pain is described as heavy. Associated symptoms include palpitations and short; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	15 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via BBI.; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is being started on or is already on another medication not listed above; The patient is On continuous oxygen therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	21 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is Cardiology	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is Cardiology	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has an incomplete revascularization in the past 2 years and lesion is a direct coronary risk OR attempted revascularization was less than optimally successful at reducing risk of coronary event; Agree; The ordering MDs specialty is Cardiology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	25 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology	86 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Other than listed above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; A surgery Other than listed above is being performed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; None of the above surgeries are being performed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Thoracic or Abdominal Vascular Surgery is being performed; This case was created via RadMD.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been 1 year or more since the last cardiac testing was completed; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been less than 1 year since the last cardiac testing was completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	58 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	9 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	14 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Typical anginal; neuropathy; limited ambulation;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; 1. Acute decompensated heart failure; I have added metolazone to the patient's regimen, advised him to take it no more than three days a week. He is having a lot of edema in his lower extremities and we will go ahead and stop his amlodipine at this time	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; Congenital heart disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; PT HAD NSTEMI	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.; 1. TDS.;2. Severe LV systolic dysfunction with LVEF 30%. .3. Dilated RV with moderate to severe RV systolic dysfunction.;4. Moderate to severe TR.;5. Pleural effusion noted.;6. LV dysfunction and RV dysfunction are new compared to echo from October	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; achy cramping and burning in the chest area and frequent calf pain fatigued easily by exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	a 35 year old African American female with a chronic past medical history of hypertension, anxiety, diabetes, and obesity, referred for cardiac evaluation. Patient reports having aching midsternal chest pain that can be constant for a few days and sometimes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; Patient reports having aching midsternal chest pain that can be constant for a few days and sometimes it is intermittent and can radiate into her back as well as left shoulder. Patient reports having palpitations that can occur with rest or exertion lasti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Abnormal EKG with left ventricularFollow visit since hospital; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CAD monitoring, last Echo 2018; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	cardiac clearance for upcoming peripheral intervention.S1 normal, S2 normal, 3/6 systolic murmur, tachycardic; This study is being ordered for Vascular Disease.; 1/13/21, but patient has a history of PVD; There has been treatment or conservative therapy.; ; toprol XL 50 mg daily. Continue lotrel 5/10 mg daily and dyazide 37.5/25 mg daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	chest pain at rest, chest pain related to activity, palpitations, pain in legs with walking, edema, syncopal episodes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2021; It is not known if there has been any treatment or conservative therapy.; chest pain and tachycardia. His chest pain is dull, substernal, achy. It radiates to his shoulder and his neck. It occurs with exertion. It is predictable. It goes away with rest. His multiple coronary risk factors include male gender, family histor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Coronary artery disease/chest pain. A Lexiscan Myoview stress test has been ordered due to his knee problems. Shortness of breath. I have ordered an echocardiogram to assess LV function.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02-01-2021; There has not been any treatment or conservative therapy.; coronary artery disease, hyperlipidemia, hypertension. Recently he has noticed worsening exertional shortness of breath. He has also had some chest pain that is substernal in location, somewhat sharp. It occurs both at rest and with exertion. He reports; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Structural Disease and for surveillance; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given. There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/11/2021; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/21; There has not been any treatment or conservative therapy.; tachycardia , shortness of breath on exertion, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/2021; There has not been any treatment or conservative therapy.; Shortness of breathe fatigue family history cardiac problems; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2020; There has not been any treatment or conservative therapy.; syncope pain in back left side pressure in chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 03-01-2021; There has not been any treatment or conservative therapy.; CHEST PAIN, SOB, DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	evaluating for ischemic heart disease and Lv dysfunction; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; up to a year ago; There has been treatment or conservative therapy.; dizziness, abnormal ekg, hypertension, irregular heart rate, medication, eloquist, metoprolol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Follow-up on 4-year-old female that was recently diagnosed with pulmonary valve stenosis that was found on echocardiogram for evaluation a cardiac murmur. The echocardiogram was performed at an NEA Baptist Hospital. She was found to have a peak gradient; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Heart Transplant; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Hypertension chest discomfort is worse with activity; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/4/2021; There has not been any treatment or conservative therapy.; Chest pain shortness of breath and abnormal EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Moderate ASD, s/p device closure; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mr. Kateb is a 45 year old male with a chronic past medical history of CAD, MI 2017, hypertension, and hyperlipidemia, here today for 6 month follow up. He presents to the office today with complaints of substernal chest pain described as squeezing, occur; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 month follow up; There has been treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; LOWER EXTREMITY EDEMA; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mrs. Laws is a 56 year old female here today as a new patient for carotid stenosis. She was in a MVA and was having chest pain. She went for a f/u with PCP who reportedly did a chest XR that noted a blockage in the left carotid artery.;carotid doppler 1/; This study is being ordered for Vascular Disease.; Okay so this patient was here seeing Stevenson for CEA eval. has 80-90 left carotid blockage per CTA. She cannot have SEC due to this and the NUC is pre op clearance for Stevenson. I am sure that is not in hallaks ov.; There has been treatment or conservative therapy.; CEA eval; testing; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Ms. Smith is a 44 year old AAW with a h/o anemia, CHF, HTN, aortic valve regurgitation (s/p recent On-X AVR - coumadin INR's followed by PCP), and mitral regurgitation (s/p recent mitral valve repair) who here today for a follow up. She says she has been; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LAST 2 WEEKS; There has been treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH ON EXERTION; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	multiple episodes of syncope; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	NA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the past few weeks; There has been treatment or conservative therapy.; reports of having increased shortness of breath with palpitations that occur with minimal exertion. Patient reports that for the past few weeks she has been having chest pain with the palpitations that feel like her heart is racing and feels the need to r; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient having leg edema; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/3/2021; There has been treatment or conservative therapy.; Patient has chest pain shortness of breath on exertion syncope and symptoms of avina cava syndrome; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Previous ECHO results 02/26/2020: Tiny, hemodynamically insignificant anterior muscular VSD. Mildly dilated ascending aorta. Normal biventricular size and systolic function. Left ventricle is not hypertrophied. ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	She has heart fluttering, occurring 2-3 times a week. The episodes are difficult to describe. She says that the flutters are associated with a "scary feeling with the breathing." The episodes last a few minutes and resolves spontaneously. However, if ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has not been any treatment or conservative therapy.; HEART FLUTTERING; SHORTNESS OF BREATH; LEFT SIDED CHEST PAIN; LIGHTHEADEDNESS; LOWER EXTEREMITY EDEMA; FATIGUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Structural Disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Structural disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Surveillance echo requested on an patient who has Becker's MD-check cardiac arrhythmias; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Surveillance Follow-up: s/p heart transplant on 12/8/09 secondary to endocardial cushion defect.;Low suspicion of acute rejection or other ongoing graft dysfunction based on clinical exam and noninvasive testing; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Surveillance for a patient with Structural Heart Disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Surveillance on patient who has Becker's Muscular Dystrophy and check for any cardiac arrhythmias; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Tachycardia; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This 58 year old female presents for Syncope.; Ms. Corley is a 58 year old female presenting to the clinic as a new patient, referred by pcp for syncope. She reports symptoms started at least a month ago. She reports episodes where she feels dizzy and h; This study is being ordered for Vascular Disease.; 12/18/2020; There has not been any treatment or conservative therapy.; Syncope, intermittent episodes of left sided CP. SOB w/ CP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; This study is being ordered for another reason; The reason for ordering this study is unknown.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.	78 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	155 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	26 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	36 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long it has been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	72 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	39 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Myocardial Perfusion Imaging has been completed	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	9 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	20 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an annual review of known valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; It has been 24 months or more since the last echocardiogram.; Known or suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	21 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	10 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	18 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	35 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	69 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	58 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	28 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	109 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	31 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	168 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	254 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years that has began to worsen over the last 3 months; There has not been any treatment or conservative therapy.; left-sided chest pain, non-radiating, has become daily, and is described as an initial sharp stabbing pain followed by a shocking pain, and is occasionally associated with nausea and diaphoresis. She reports shortness of breath with exertion and while at; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for Vascular Disease.; 11/18/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/28/2020; There has not been any treatment or conservative therapy.; patient is having figtue, breathing on exertion when moving around,dizziness, blood pressure increase high.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	; This study is being ordered for Inflammatory/ Infectious Disease.; 3/1/2021; There has been treatment or conservative therapy.; Chest pain; see office notes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	PATIENT WATCHMEN INSERTION;; PERCUTANEOUS TRANSCHTETER CLOSURE OF THE LEFT ATRIAL APPENDATE WITH INDO CARDIAL INPLANT.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	patient had stroke and has asd. And needs evaluation of asd before closure; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	51 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc).; The patient is 18 years of age or older.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	To evaluate the heart during aortic valve replacement surgery and after procedure.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The is patient being started on or is already on another medication not listed above	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled.; Agree; The ordering MDs specialty is Cardiology	25 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Thoracic or Abdominal Vascular Surgery is being performed; This case was created via RadMD.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been 1 year or more since the last cardiac testing was completed; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	157 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/21; There has not been any treatment or conservative therapy.; tachycardia , shortness of breath on exertion, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a 31-year-old man recently admitted to Baptist DeSoto Hospital in the setting of a non-STEMI. He had significantly abnormal EKG with significant T-wave inversions in the anterolateral leads. This was associated with accelerated hypertension. He un; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	F/UP thoracic aortic aneurism last viewed on Chest CTA 1/10/2020; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	RENAL DUPLEX ULTRASOUND;IMPRESSION:;1. Diffusely elevated resistive indices throughout both kidneys which;can be seen with medical renal disease. If there is clinical concern;for renal artery stenosis consider further evaluation with dedicated;CTA/MR; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; UNCONTROLLED HYPERTENSION, ABNORMAL ULTRASOUND; At last visit, Doxazosin was increased to 1 mg from 0.5 mg daily for uncontrolled hypertension. He presents several hypertensive home BP readings today, some up to 160's systolic. States that prior to hospital admit in March for hypertensive urgency, he w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Congenital malformations of cardiac chambers and connections ;To assess main and branch pulmonary arteries status post arterial switch in Lecompte maneuver, quantify biventricular volume and function, quantify aortic and pulmonary regurgitation and major; This study is being ordered for Congenital Anomaly.; She was shortness of breath and tired while running. ;1995 - Springfield, Missouri - ;2001-Arkansas ;Started seeing a cardiologist Dr Camp since 2015. Once a year.; It is not known if there has been any treatment or conservative therapy.; symptoms of palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Noah is a 6 year old male with history of WPW, muscular VSD (resolved), and large duplicated right atrial appendage who presents today for scheduled follow up. He underwent EP study and attempted ablation on 4/25/19. This was significant for the finding o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	routine follow-up; This study is being ordered for Congenital Anomaly.; Unknown; There has not been any treatment or conservative therapy.; Congenital Heart Disease; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 1/4/21 abnormal abi and arterial u/s suggestive of PVD.; There has been treatment or conservative therapy.; claudication; testing, medications, continued claudication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	pre TAVR eval; This study is being ordered for Vascular Disease.; 02/05/2021; There has not been any treatment or conservative therapy.; syncope and collapse, severe aortic stenosis, chronic afib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RENAL DUPLEX ULTRASOUND; IMPRESSION:; 1. Diffusely elevated resistive indices throughout both kidneys which; can be seen with medical renal disease. If there is clinical concern; for renal artery stenosis consider further evaluation with dedicated; CTA/MR; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; UNCONTROLLED HYPERTENSION, ABNORMAL ULTRASOUND; At last visit, Doxazosin was increased to 1 mg from 0.5 mg daily for uncontrolled hypertension. He presents several hypertensive home BP readings today, some up to 160's systolic. States that prior to hospital admit in March for hypertensive urgency, he w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); heart burn; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	A repeat cardiac MRI is planned to take place in the next couple of months to help determine need and timing for pulmonary valve replacement.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	Congenital malformations of cardiac chambers and connections ;To assess main and branch pulmonary arteries status post arterial switch in Lecompte maneuver, quantify biventricular volume and function, quantify aortic and pulmonary regurgitation and major; This study is being ordered for Congenital Anomaly.; She was shortness of breath and tired while running. ;1995 - Springfield, Missouri - ;2001-Arkansas ;Started seeing a cardiologist Dr Camp since 2015. Once a year. ; It is not known if there has been any treatment or conservative therapy. ; symptoms of palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	He does have severely reduced systemic right ventricular function with an ejection fraction of 31% on his cardiac MRI from 2015. The function appears to be better on his echocardiogram. Fortunately he does not have any significant systemic tricuspid val; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/1980; There has been treatment or conservative therapy.; 39 y.o. male with a history of D transposition of great arteries s/p atrial switch operation.; D-transposition of great arteries status post atrial switch (Mustard) procedure;Short episodes of nonsustained supraventricular tachycardia with aberrant conduction versus ventricular tachycardia documented on Holter.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	routine follow-up; This study is being ordered for Congenital Anomaly.; Unknown; There has not been any treatment or conservative therapy.; Congenital Heart Disease; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	66 y/o Female with Depression referred for chest pain.; For the past 1 months c/o chest pain. Epigastric and substernal. Pressure. Lasts 5 minutes. Mild (3/10). No radiation. Not worse with exertion. Associated with diaphoresis.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Hx of pleuritic chest pain- continues to have occasional episodes;- NSC 1/2020 normal;- Intact LV function on echo;- will arrange for Ca score to risk stratify;;Moderate TR on echo 3/2020;;Hx CVA 2013 - recent TIAs;- reports episodes of TIAs a few ; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Mr. Francisco is 55-year-old gentleman with history of type 2 diabetes, hypertension, hyperlipidemia, tobacco abuse and obesity who had a major motor vehicel accident in October 2020 resulting in left hand amputation and partial colectomy and DVT of right; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Mr. Lockert was hospitalized this past summer after a stroke and apparently had an AV malformation that bled; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Pain sounds somewhat atypical for angina. No significant cardiac risk factors.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	patient complains of chest pain for the last 6 months, left sided, pressure, last 4 to 10 minutes. Radiates to her left arm, not worse with exertion but associated with dizziness.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	patient has abnormal stress test, EF at 54%. shortness of breath with palpitations.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Patient has CAD along with chest pains. The CT exam is for early detection of Artherosclerosis.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Patient is here to establish care today. C/o having blood pressure issues. Her BP run 140s systolic at home. She was started on amlodipine last month, and noticed edema since. Shortness of breath on exertion; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	The patient is having palpitations as well as hypertension.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Clinicals to be uploaded.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Left Ventricle ; The left ventricle is normal in size. ; The left ventricular wall motion is normal. ; The left ventricular ejection fraction is normal. ; Left ventricular systolic function is normal. ; The Ejection Fraction estimate is 55-60% . ; D; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	pre TAVR eval; This study is being ordered for Vascular Disease.; 02/05/2021; There has not been any treatment or conservative therapy.; syncope and collapse, severe aortic stenosis, chronic afib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	presenting for evaluation of palpitations and chest pain. Mr. Litzsey reports that he has been experiencing a heaviness sensation in the chest wall area for the past 6 months, associated with palpitations; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Quantify overall burden of atherosclerotic disease and to r/o potential obstructive CAD; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; it is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Atypical chest pain and dyspnea with exertion, although her chest pain is not precipitated or worse with activity. She is having significant dyspnea with exertion. Differential diagnosis includes congestive heart failure versus valvular heart disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Exertional chest discomfort with dyspnea, likely indicative of angina.;2. Hypertension: Blood pressure is usually elevated.;3. Dyslipidemia.;4. Episodes of lightheadedness.;5. Tobacco abuse; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Exertional dyspnea in the patient at intermediate risk of having coronary artery disease likely indicative of angina.;2. Tobacco abuse.;3. Abnormal electrocardiogram.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. History of myocardial infarction now with angina;2. Hypertension;3. Hyperlipidemia;4. Type 2 diabetes mellitus;5. Leg pain;6. Neuropathy;7. GERD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Hypertension, uncontrolled. I refilled all his medicines and reconciled them. I strongly encouraged him to be compliance with his medicines and I printed out a list of his medications.;2. Shortness of breath and precordial discomfort with some typ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Hypertension;2. Paroxysmal SVT;3. Chest pain (probable costochondritis);4. Palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Recurrent atrial fibrillation.;2. Multiple coronary artery disease risk factors including hypertension, cigarette smoking, and male gender. There is no recent lipids that we have.;3. Chronic obstructive pulmonary disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD with chest pain and fatigue;hypertension;tachycardia with syncope;BMI 30;tobacco abuse; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain and dyspnea, was admitted recently for chest pain. was recently diagnosed with lupus.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain with stress and relieved by rest.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, and discomfort; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CHEST PAIN, HIGH RISK; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain, jaw pain, strong family history of CAD, HTN, Hyperlipidemia, fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain. She is agreeable to reschedule testing.;2. Left shoulder and neck pain. Appears msc in nature. ;3. Hypertension. But elevated today. ;4. Hyperlipidemia. Cotinine statin. ;Plan;Will add lmdur 30mg po daily. Reschedule nuclear stress and e; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pressure and left arm discomfort with exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest tightness, left arm pain, dyspnea on exertion, palpitations. Current smoker unable to exercise due to Degenerative disc disease, neuropathy and back pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	clearance for surgery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	copd, cp, hypertension, obesity;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cp. dyspnea, obesity, palp.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Dyspnea on exertion/angina, abnormal ekg as well cardiomegaly on xray. Hyperlipidemia, HTN, pain in left arm.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	dyspnea with chest discomfort;type 2 diabetes;hyperlipidemia;hypertension;smoker 1ppd since 1989;bmi 28;unable to ambulate treadmill due to neuropathy in feet; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Dyspnea with exertion. Differential diagnoses include other forms of angina pectoris versus COPD versus other unspecified pulmonary disorder versus congestive heart failure. We will get an echocardiogram to assess for any congestive heart failure given ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2020; There has not been any treatment or conservative therapy.; Hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 03-01-2021; There has not been any treatment or conservative therapy.; CHEST PAIN, SOB, DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ER ADMITTED FOR SYNCOPE, HIGH BLOOD PRESSURE, TACHYCARDIA, LOWER EXT SWELLING, EKG SHOWS NORMAL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	evaluating for ischemic heart disease and Lv dysfunction; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; up to a year ago; There has been treatment or conservative therapy.; dizziness, abnormal ekg, hypertension, irregular heart rate; medication, elquist, metoprolol, One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	feels like heavy ball in the center of her chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/13/2021; There has not been any treatment or conservative therapy.; chest pain on exertion shortness of breath all the time even when resting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	HISTORY OF CARDIOMYOPATHY, ANGINA, SHORTNESS OF BREATH, HTN, HYPERLIPIDEMIA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS;Patient is a 52 year old A.A. male who presents for follow up since he has not been seen in over 2 years. He states he has been doing well with no complaints. He denies chest pain, shortness of breath, dizziness, palpitations, ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	HTN- uncontrolled. Decrease clonidine to once a night. keep other meds;-Add chlorthalidone;-ADD metoprolol BID. our goal is to titrate this up and taper off clonidine;;chest pain - consider angina. Family hx of CAD, abnormal ecg. -echo and Lexiscan ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension chest discomfort is worse with activity; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. ; 2/4/2021; There has not been any treatment or conservative therapy. ; Chest pain shortness of breath and abnormal EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension, smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Isolation Precautions: ; Mr Williams is here today for his 6 month check up. He denies any chest pain or syncopal episodes. He reports shortness of breath with exertion. He also notes fatigue.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Jerry White is a 57 year old BM with a history of CAD s/p PCI to the mid RCA in July 2016, HTN, sleep apnea, dyslipidemia, and diabetes mellitus type II. He is here today for a 1 month follow up. Today, he complains daily right sided chest discomfort; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; Presence of coronary angioplasty implant and graft; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Newton is a 57 year old Caucasian male with a chronic past medical history of CAD, hypertension, hyperlipidemia, and prior tobacco use, here today for follow up. Patient reports having severe aching chest pain to left side of chest wall that lasts for; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; severe aching chest pain to left side of chest wall that lasts for hours and is relieved by taking Nitro SL x1. Patient reports having multiple episodes of the chest pain for the past week and had some pain in his left arm as well during this time; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Owens is a 35 year old male presenting to the clinic today as a new patient, referred by pcp for chest pain. PMH includes HTN. He reports he was started on Lisinopril by pcp several months ago but hasn't been taking it in about a month. He reports ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2020; There has not been any treatment or conservative therapy.; Syncope, Chest Pain, SOB, tightness in chest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Rich is a 59 yo man with CAD, CABG x 5 10/2017 per Dr. CDW. HX DVT, s/p EKOS, iliac vein stenting. HX PAD, s/p PTA stent. ; He had residual thrombus noted 12/2018. He is compliant with xarelto. still smokes, on disability from chronic back pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mrs. Belt is a pleasant 50 years old female patient, with a stable medical history hypertension, diabetes mellitus type 2, ADHD and anxiety disorder, who was referred to this office by her primary care physician due to episodes of shortness of breath and ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Anthony is a 47 year old female with past medical history of DM, hypothyroidism and diabetic neuropathy. She had ETT on 11/3/2020 did not reveal any EKG changes of ischemia, walked for 3 min 10 sec and stopped 2 to bil pain of the entire legs below th; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; r06.00: Dyspnea; ETT on 11/30/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Smith is a 44 year old AAW with a h/o anemia, CHF, HTN, aortic valve regurgitation (s/p recent On-X AVR - coumadin INR's followed by PCP), and mitral regurgitation (s/p recent mitral valve repair) who here today for a follow up. She says she has been; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LAST 2 WEEKS; There has been treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH ON EXERTION; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	na; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	NA; This study is being ordered for Vascular Disease.; 2019 S/P CATH; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	New patient referred DR Joseph Morgan, chest pains one year ago, precordial heaviness, radiating back, lasted hours, with dyspnea, no syncope, told had enlarged heart, still at times angina, she is fatigued and lost weight and difficult swallowing, havi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	none Given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; dec 22 2020; There has been treatment or conservative therapy.; Patient has CAD; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown.; There has been treatment or conservative therapy.; chest pain, SOB; aspirin, beta blocker, statin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient has Seizure disorder, hypertension, dyslipidemia, palpitations, shortness of breath, is a diabetic, has an implantable loop recorder and cannot walk on a treadmill due to a bad hip and leg. BMI of 32.28 and is 58 years of age; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient is 59 years old, has diabetes, is a current smoker, has high blood pressure, is obese, has hyperlipemia, hypertensive heart disease and a BMI of 34.41; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is having CAD, dizziness, shortness of breath, atypical chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient is having chest pain and chest pressure. History CVA and CAD. Shortness of breath with activity, without activity and when lying flat. Dizziness, fatigue and headaches; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient w strong family hx of CAD; c/o new onset chest tightness w exertion and progressing SOB; unexplained tachycardia; swelling in feet and ankles; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pressure like chest pain and shortness of breath for the last month. Occasional palpitations; TIA in 2008; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt cannot walk tm due to chronic back and neck pain, cp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has a stroke and apparently had an AV malformation that bled. pt has shortness of breath with exertion. Multiple Risk factors for coronary artery disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has chest pain, tightness, squeezing, shortness of breath, went to ER, going on 6 months, relieved by laying on cold floor, ABN EKG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has unstable angina and is symptomatic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	referral for SVT ER follow up states has chest pain when walking fast . Testing positive for COVID in November was " very sick" has been having these symptoms since. States happens daily get very fatigued and hard to breath while she is working. Is out of; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	she almost went to ER yesterday for palpitations and, shortness of breath and exertional chest pain. Patient states she was at yoga class and started to have acute onset of chest pain to substernal chest, felt like a knife. Did not radiate. She went and s; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She has heart fluttering, occurring 2-3 times a week. The episodes are difficult to describe. She says that the flutters are associated with a "scary feeling with the breathing." The episodes last a few minutes and resolves spontaneously. However, if ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has not been any treatment or conservative therapy.; HEART FLUTTERING; SHORTNESS OF BREATH; LEFT SIDED CHEST PAIN; LIGHTHEADEDNESS; LOWER EXTEREMITY EDEMA; FATIGUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Six months history of pain that starts from the back sometimes and others starts mid chest described as a heaviness. Associated with palpitations, SOB, and diaphoresis, could last from five minutes to 1 hour. normal coronary angiogram 9/2013. hx of smokin; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	smoker , copd, cp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	smoker, high cholesterol, family history of COPD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02-21-2021 approximately; There has not been any treatment or conservative therapy.; chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Systemic Lupus; Sjogrens Syndrome; Atrial Septal Defect small PFO; hypertension; chest pain with exertion; palpitations; smoker 1/2ppd; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient has chest pain, and hypertensive heart disease without heart failure. As well as Bradycardia and syncope and collapse.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient has Heart disease, chest pains, dyspnea, and family history of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient has shortness of breath, known CAD, chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient is a white female who suffered a NSTEMI in 2020. She underwent bypass surgery with LIMA to LAD, SVG to D1 and SVG to OM and SVG to RCA. She has had numbness of discomfort over the medial portion of her left breast. Wt: 186 lb Ht/Ln: 62 in ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient is having some intermittent chest pain with a borderline abnormal electrocardiogram; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient is a very pleasant, 50-year-old female who is having some intermittent chest pain, which she describes as squeezing, intermittent, left-sided chest pain on and off for the last two weeks.; It is not known if there has been any treatment or conservative therapy.; patient is a very pleasant, 50-year-old female who is having some intermittent chest pain, which she describes as squeezing, intermittent, left-sided chest pain on and off for the last two weeks. She has had multiple episodes over the last couple of weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This 34 year old female presents for 1yr rtn.;Ms Crosson is a 34 yr old female who presents for return visit. Cardiac cath in 2015 revealed nonobstructive CAD. Echo 12/6/19 revealed EF 50-55%. History of postpartum cardiomyopathy in 2007. Echo in 2015 re; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This 53 year old female presents for CP, SOB, Palps and HTN.;53 year old female pt seen today as NP eval, referred from Dr. Simpson for CP. Pt was admitted to SCMC, for CP and SOB, on 12/27/20 and dc'd the next day. Pt reports she has been SOB for many y; This study is being ordered for Vascular Disease.; 12/27/2020; There has not been any treatment or conservative therapy.; SOB w/ Chest pain/ HTN and Jaw Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This 57 year old male presents for CAD, hypertension, hyperlipidemia, Chest pain and dyspnea.;Mr. Price is a 57 year old male here for return.;CAD with inferolateral STEMI on 8/6/16 with PTCA/DES to LM after ruptured plaque and LM clot improved with asp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This 58 year old female presents for Syncope.;Ms. Corley is a 58 year old female presenting to the clinic as a new patient, referred by pcp for syncope. She reports symptoms started at least a month ago. She reports episodes where she feels dizzy and h; This study is being ordered for Vascular Disease.; 12/18/2020; There has not been any treatment or conservative therapy., Syncope, intermittent episodes of left sided CP. SOB w/ CP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a pleasant 64 yo male past medical history of hypertension, BPH and supraventricular tachycardia. He has been maintained on flecainide. He had a cardiac catheterization 2016 that showed no evidence of coronary artery disease, and most recent LHC o; This study is being ordered for Vascular Disease.; 10/20/2020; There has been treatment or conservative therapy ; chest pain;shortness of breath; Holter extended electrocardiographic recording 11/14/2020;;left heart cath w/ventr 10/01/2020;;left heart catheterization 10/01/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Circumflex	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; A surgery Other than listed above is being performed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	17 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years that has began to worsen over the last 3 months; There has not been any treatment or conservative therapy.; left-sided chest pain, non-radiating, has become daily, and is described as an initial sharp stabbing pain followed by a shocking pain, and is occasionally associated with nausea and diaphoresis. She reports shortness of breath with exertion and while at; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; 11/18/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; June 2020; There has been treatment or conservative therapy.; 44-year-old white male who presents for recurrent episodes of mid precordial pressure-like chest pain, nonradiating, moderate to severe in intensity, lasting 10 to 20 minutes, spontaneous resolution. Symptoms are randomly occurring with no identifiable pr, continued medication regimen per cardiologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; Mercedes Anderson is a 27 y.o. female here for an evaluation of chest pain. Complains of intermittent episodes of chest tightness over the past 3 weeks. Father has had MI and stents starting in his 30s. The patient denies SOB, orthopnea, PND or lower e; There has not been any treatment or conservative therapy.; chest tightness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not known	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Will fax.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/26/2021; There has not been any treatment or conservative therapy.; Angina.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; 1; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient had a previous MUGA scan.; Congenital heart disease, known or suspected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Had a few episodes of chest over Thanksgiving, he is here to follow up on that. The pain "hit him" while watching football and went from one side of the chest to the other. He states he had 2 episodes that were back to back. Each episode lasted about 5 to; There has not been any treatment or conservative therapy.; Chest pain, atypical - last episode in November - consider GI vs angina;- will get nuclear stress test, he is not able to walk far due to dyspnea and chronic back pain;;Dyspnea on exertion;- echo today;;GERD - on carafate and protonix;;Essential; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; CONTINUED CARD; There has not been any treatment or conservative therapy.; CHEST PRESSURE/ SOB MILD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	A 68-year-old gentleman with;;;1. Chronic atrial fibrillation, rate controlled and anticoagulated with Xarelto.;;2. Acute diastolic heart failure exacerbation.;;3. History of pulmonary embolism, anticoagulated.;;4. Intermittent chest discomfort an; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2021; It is not known if there has been any treatment or conservative therapy.; He was complaining of for one week having some paroxysmal nocturnal dyspnea, orthopnea, leg swelling, and shortness of breath. He wakes up in the middle of the night gasping for air. He has to get up and walk for a few minutes, and the breathing will get; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Coronary artery disease: The patient is status post single vessel coronary artery bypass grafting. He has left internal mammary artery to the left anterior descending artery. He has also had PCI to the ramus. Last ejection fraction 55-60%. Continue t; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; CAD,SOB, COVID; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2020; There has not been any treatment or conservative therapy.; Hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	feels like heavy ball in the center of her chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/13/2021; There has not been any treatment or conservative therapy.; chest pain on exertion shortness of breath all the time even when resting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	first noticed this when shoveling snow about 3 to 4 weeks ago. She had severe pain in her chest radiated to both arms and into her neck. It did resolve with rest. She had mild episodes of this subsequently and decided to be evaluated.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FEBRUARY 2021; There has not been any treatment or conservative therapy.; CHEST PAIN, ARM PAIN, JAW PAIN AND SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	HTN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2020; There has been treatment or conservative therapy.; SOB Chest pain Dizziness; surgery , Stress Test; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	LIMITED ACTIVITY PAST 2 TO 3 WEEKSANKLE EDEMAEKG ABNORMAL R/O MASS; This study is being ordered for Vascular Disease.; 02/22/2021; There has been treatment or conservative therapy.; CHEST PAIN FOR 1 YEAR; LIMIT COFFEE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Mr. Alghazali is a 55 year old Middle Eastern man with a past medical history of coronary artery disease s/p CABG x4 (2018, SVI) and hyperlipidemia, and has a history of tobacco use. He is referred by his primary care physician, Dr. Abdulmuttaleb Al Souf; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 MONTHS; There has been treatment or conservative therapy.; LEFT SIDED CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS.; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Mr. Jerry White is a 57 year old BM with a history of CAD s/p PCI to the mid RCA in July 2016, HTN, sleep apnea, dyslipidemia, and diabetes mellitus type II. He is here today for a 1 month follow up. Today, he complains daily right sided chest discomfort; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; Presence of coronary angioplasty implant and graft; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	<p>Mr. Newton is a 57 year old Caucasian male with a chronic past medical history of CAD, hypertension, hyperlipidemia, and prior tobacco use, here today for follow up. Patient reports having severe aching chest pain to left side of chest wall that lasts for; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; severe aching chest pain to left side of chest wall that lasts for hours and is relieved by taking Nitro SL x1. Patient reports having multiple episodes of the chest pain for the past week and had some pain in his left arm as well during this time; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	<p>Mr. Owens is a 35 year old male presenting to the clinic today as a new patient, referred by pcp for chest pain. PMH includes HTN. He reports he was started on Lisinopril by pcp several months ago but hasn't been taking it in about a month. He reports ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2020; There has not been any treatment or conservative therapy.; Syncope, Chest Pain, SOB, tightness in chest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation</p>	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	<p>Ms. Anthony is a 47 year old female with past medical history of DM, hypothyroidism and diabetic neuropathy. She had ETT on 11/3/2020 did not reveal any EKG changes of ischemia, walked for 3 min 10 sec and stopped 2 to bil pain of the entire legs below th; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; r06.00: Dyspnea; ETT on 11/30/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	<p>Ms. McDonald is a 59 y/o WW with a h/o smoking, PAD s/p PTA/stent, CAD (moderate to severe diffuse disease), HTN, HLP, smoking, and DM, here today to for a hospital follow up. She has not been seen in about two years. She says that she became concerned ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., about a month ago; There has not been any treatment or conservative therapy.; chest tightness with exertion; This pain feels like a heaviness and is associated with shortness of breath; She also has chronic lower extremity pains.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ms. Pugh is a 32 year old BW with a past medical history of PE, hypertension, protein S Deficiency, asthma, OSA, family history of CAD, anxiety, depression, arthritis, GERD, and obesity. She has been referred by Dr. Robert Scott for a cardiac evaluation ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n the last 2 months; There has not been any treatment or conservative therapy.; She also has complaints of sharp substernal chest pain that can occur upon exertion and with rest. She says this pain is non-radiating and has no associated symptoms. No identifiable triggers and spontaneously resolves. he states having exertional short; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ms. Pugh is a 51 year old African American female with a chronic past medical history of mild to moderate nonobstructive CAD, hypertension, hyperlipidemia, diabetes, and obesity, referred for cardiac evaluation. She presents to the office today with compl; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; PALPITATIONS; SHORTNESS OF BREATH; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	NA; This study is being ordered for Vascular Disease.; 2019 S/P CATH; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	none Given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; dec 22 2020; There has been treatment or conservative therapy.; Patient has CAD; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown.; There has been treatment or conservative therapy.; chest pain, SOB; aspirin, beta blocker, statin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient presents to the office with complaint of chest heaviness, shortness of breath, fatigue, and lethargy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Do not have a date of onset. Just have a report that it recently started.; There has been treatment or conservative therapy.; chest pain, shortness of breath and fatigue; He has had an EKG and chest xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	pre TAVR eval; This study is being ordered for Vascular Disease.; 02/05/2021; There has not been any treatment or conservative therapy.; syncope and collapse, severe aortic stenosis, chronic afib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Shortness of Breath; This study is being ordered for Vascular Disease.; 15 years ago; There has been treatment or conservative therapy.; Chest pain, Dyspnea; Stents, Medicaiton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	smoker, high cholesterol, family history of COPD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02-21-2021 approximately; There has not been any treatment or conservative therapy.; chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	The patient is having some intermittent chest pain with a borderline abnormal electrocardiogram; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient is a very pleasant, 50-year-old female who is having some intermittent chest pain, which she describes as squeezing, intermittent, left-sided chest pain on and off for the last two weeks.; It is not known if there has been any treatment or conservative therapy.; patient is a very pleasant, 50-year-old female who is having some intermittent chest pain, which she describes as squeezing, intermittent, left-sided chest pain on and off for the last two weeks. She has had multiple episodes over the last couple of weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This 53 year old female presents for CP, SOB, Palps and HTN.;53 year old female pt seen today as NP eval, referred from Dr. Simpson for CP. Pt was admitted to SCMC, for CP and SOB, on 12/27/20 and dc'd the next day. Pt reports she has been SOB for many y; This study is being ordered for Vascular Disease.; 12/27/2020; There has not been any treatment or conservative therapy.; SOB w/ Chest pain/ HTN and Jaw Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	15 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	30 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	23 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Myocardial Perfusion Imaging has been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 3 years or more since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure.; This is for the initial evaluation of heart failure.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	21 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a pleasant 64 yo male past medical history of hypertension, BPH and supraventricular tachycardia. He has been maintained on flecainide. He had a cardiac catheterization 2016 that showed no evidence of coronary artery disease, and most recent LHC o; This study is being ordered for Vascular Disease.; 10/20/2020; There has been treatment or conservative therapy.; chest pain;shortness of breath; Holter extended electrocardiographic recording 11/14/2020;;left heart cath w/ventr 10/01/2020;;left heart catheterization 10/01/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; June 2020; There has been treatment or conservative therapy.; 44-year-old white male who presents for recurrent episodes of mid precordial pressure-like chest pain, nonradiating, moderate to severe in intensity, lasting 10 to 20 minutes, spontaneous resolution. Symptoms are randomly occurring with no identifiable pr; continued medication regimen per cardiologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; Mercedes Anderson is a 27 y.o. female here for an evaluation of chest pain. Complains of intermittent episodes of chest tightness over the past 3 weeks. Father has had MI and stents starting in his 30s. The patient denies SOB, orthopnea, PND or lower e; There has not been any treatment or conservative therapy.; chest tightness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Type 2 diabetes mellitus; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Will fax.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/26/2021; There has not been any treatment or conservative therapy.; Angina.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 3/1/2021; There has been treatment or conservative therapy.; Chest pain; see office notes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	ECH SHOWED T INVERSION IN LEADS 1 AND V1-V6 SUGGESTING POSSIBLE LATERAL ISCHEMIA. PT HAS DIFFUSE NON-OBSTRUCTIVE DISEASE. WHITE COUNT WAS ELEVATED AT 20,800. TROPONINS WERE NOTED AT 0.193 AND 0.147; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	septal defect; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	SEVERE AORTIC STENOSIS; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	first noticed this when shoveling snow about 3 to 4 weeks ago. She had severe pain in her chest radiated to both arms and into her neck. It did resolve with rest. She had mild episodes of this subsequently and decided to be evaluated.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FEBRUARY 2021; There has not been any treatment or conservative therapy.; CHEST PAIN, ARM PAIN, JAW PAIN AND SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	HTN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2020; There has been treatment or conservative therapy.; SOB Chest pain Dizziness; surgery , Stress Test; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	The patient is a very nice 63-year-old woman who has history of dilated cardiomyopathy. Etiology for her left ventricular dysfunction is unclear, but she is doing better on current medical therapy. The coronavirus health crisis has slowed her medical regi; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The is patient being started on or is already on another medication not listed above	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; A surgery Other than listed above is being performed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; palpatory findings, cspine stiffness, hypomovility.; cervico-thoracic asymmetry stiffness tenderness. thoraco lumbar stiffness, tenderness, lubar spine stiffness, tenderness, lumbosacral stiffnes, restricted motion. t1 rt yest rib yes asymmetry stiffness,	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; It is unknown when the pain started	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	CPT/72192 IS ORDERED BY JUSTIN KYLER POMEROY, DC; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; Questions about your Lumbar Spine request.; ARTHO STIM; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; ARTHO STIM; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; VISUAL ANALOG; 50; The anticipated number of visits is other than 2.; 65; AVISUAL ANALOG; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; VISUAL ANALOG; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; VISUAL ANALOG; 35; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; VISUAL ANALOG; 40; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; VISUAL ANALOG; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Chiropractic Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; VISUAL ANALOG SCALE; 80; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		3/9/2021; There has not been any treatment or conservative therapy.; 9 MM POLYP ON COLOSCOPY COLON MASS INVASIVE ADENOCARCINOMA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Colo Rectal CA; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known cancer or tumor	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	MRI pelvis to assess extent of mass and to look at how bad things are near the cul de sac. I don't think surgery will have an impact on survival and I suspect palliative APR alone will be difficult/impossible without a full exenteration; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Rectosigmoid cancer; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	She has undergone five rounds of radiation and currently undergoing po and IV chemotherapy Q2 weeks (next cycle due Monday) with three cycles left. She follows in Hot Springs for her oncology care. RESTAGING; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; Yes, this is a preoperative study.; It is not known if surgery is planned for within 30 days.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); C/O ABSCESS. Malignant neoplasm of rectum; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	3/9/2021; There has not been any treatment or conservative therapy.; 9 MM POLYP ON COLOSCOPY COLON MASS INVASIVE ADENOCARCINOMA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Colon & Rectal Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Dermatology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Dermatology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Dermatology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	see clinicals; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	see clinicals; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	14 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried conservative care including non-steroidal anti-inflammatory medication, lifestyle modification, physical therapy, time, healing and rest. It is a medical necessity to have a MRI to treat the patient. Furthermore, have failed over 6 weeks; 12/04/2018; There has been treatment or conservative therapy.; ; Physical therapy started 12/30/2020, also has tried NSAIDs and pain medicine; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient states the pain in his lower back and tailbone is causing weakness in left leg and gets worse when he stand and or walks. Pain in his neck radiates into his arms to his finger tips; Unknown; There has been treatment or conservative therapy; Pain in patients lower back and neck; Physical Therapy; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried conservative care including non-steroidal anti-inflammatory medication, lifestyle modification, physical therapy, time, healing and rest. It is a medical necessity to have a MRI to treat the patient. Furthermore, have failed over 6 weeks; 12/04/2018; There has been treatment or conservative therapy.; ; Physical therapy started 12/30/2020, also has tried NSAIDs and pain medicine; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient states the pain in his lower back and tailbone is causing weakness in left leg and gets worse when he stand and or walks. Pain in his neck radiates into his arms to his finger tips; Unknown; There has been treatment or conservative therapy.; Pain in patients lower back and neck.; Physical Therapy; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Neurological exam findings or deficits are Not documented or unknown	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Doctors and Rehabilitation	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		na; This study is being ordered for a neurological disorder.; 3/25/2021; There has not been any treatment or conservative therapy.; left side weakness, dizziness, stroke like symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		na; This study is being ordered for a neurological disorder.; 3/25/2021; There has not been any treatment or conservative therapy.; left side weakness, dizziness, stroke like symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT.; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness while walking; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); R11.0; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; This study is being requested for None of the above; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Foot Drop is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Goiter; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Hyperparathyroidism; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; history of Pituitary adenoma; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	01/14/2016; There has been treatment or conservative therapy.; widespread metastases in the lungs and also calcified nodes in the neck. He has a mass in the supraspinatus muscle.; Presurgical staging missing initial size of tumor. pN1bMX.;Original surgery OSH, resection May, 2015 right supraclavicular node positive. July, 2015 right lobe and central neck dissection. Lymphovascular and perineural invasion present; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected infection or abscess; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		01/14/2016; There has been treatment or conservative therapy.; widespread metastases in the lungs and also calcified nodes in the neck. He has a mass in the supraspinatus muscle.; Presurgical staging missing initial size of tumor. pN1bMX.;Original surgery OSH, resection May, 2015 right supraclavicular node positive. July, 2015 right lobe and central neck dissection. Lymphovascular and perineural invasion present; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis ; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She does have some discomfort in the left supraclavicular and trapezius region. She also notes a mass on her right posterior thorax.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pt has adrenal cortical adenoma; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Free Standing Surgery Center	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; neck mass; Reason: Neck lump or mass (system matched response); The size of the mass has NOT increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is NO known abscess or suspicious infection.; This is NOT a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	CT shows multiple liver lesions;Larger lesion across the left & Right 6.5cmx8.5cmx8.8cm second lesion 3cmx3.5cm;sigmoid colon thickened;surveillance for metastatic cancer;lost 20lbs since July 2020;Platelet levels 117,000;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Patient being evaluated for liver transplant with smoking history. Imaging is to evaluate for inflammatory disease and/or lesions.; It is not known if there is a known inflammatory disease.; It is not known if there is a known tumor.; It is not known if there is known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; abnormality in lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ABDOMINAL PAIN, CHANGE IN BOWEL HABITS, CONSTIPATION, DIARRHEA, GAS,NAUSEA,RECTAL BLEEDING, STOMACH CRAMPS, VOMITING AND DYSPHAGIA; This study is being ordered for Inflammatory/ Infectious Disease.; 1/25/19; There has been treatment or conservative therapy.; ; REMICADE, BUDESONIDE, SUPPOSITORIES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); 6 month followup on liver lesion; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abnormal u/s, pancreatic lesion; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cirrhosis of liver; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; It is unknown if there is known or suspicion of Infection or Inflammatory disease.; It is unknown if there is known or suspicion of Vascular disease.; It is unknown if prior imaging or physical evaluation is suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.; It is not know if this study is being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); liason on upper kidney; This case was created via BBL.; There has been an abnormal finding on physical exam.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Recent EGD showed hiatal hernia, patient has abdominal pain and nausea; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Renal Mass; This case was created via BBI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Renal mass; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); n/a; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anergyism or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abdominal, pancreatic cyst; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Check for liver disease; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); crohns disease; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); history gartilitis; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Iron deficiency anemia; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has history of gastric sleeve and now having abdominal pain and palpation tenderness throughout the abdomen. Need to rule out dysautonomia.; This case was created via RadMD ; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient is experiencing lower abdominal pain, left sided flank pain, and is frequently having blood in stool. Doctor is requesting this exam to rule out suspected diverticulitis.; This case was created via RadMD ; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Possible diverticulitis; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pt has abnormal weight loss and abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); right upper quadrant abdominal pain, hernia suspected; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unexplained abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Unexplained Weight Loss; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); weight loss; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; Reason: ELSE (system matched response); Patient has colon cancer.; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBL.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBL.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	ABDOMINAL PAIN, CHANGE IN BOWEL HABITS, CONSTIPATION, DIARRHEA, GAS, NAUSEA, RECTAL BLEEDING, STOMACH CRAMPS, VOMITING AND DYSPHAGIA; This study is being ordered for Inflammatory/ Infectious Disease.; 1/25/19; There has been treatment or conservative therapy.; ; REMICADE, BUDESONIDE, SUPPOSITORIES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	CT shows multiple liver lesions; Larger lesion across the left & Right 6.5cmx8.5cmx8.8cm second lesion 3cmx3.5cm; sigmoid colon thickened; surveillance for metastatic cancer; lost 20lbs since July 2020; Platelet levels 117,000; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	History of chronic pancreatitis Burning pain associated with eating lost 30 lb last year; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Patient is having extreme pain and rapid weight loss; Patient had stent placed in; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	PT presents to clinic for evaluation and management of BRCA 1 gene mutation with family hx of pancreatic cancer in grandmother and family hx of breast cancer in sister.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal analyse or lipase was NOT noted.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; It is unknown if the patient had chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; It is not known if the patient is presenting new signs or symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request; It is unknown if the member had any colon screening studies completed prior to this request	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Enter answer here - or Type In Unknown if No Info Given. This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Mbr unable to complete regular colonoscopy due to medical reasons; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	THIS PT. HAS BEN HAVING ABDOMINALAIN AND UN EXPLAINED WEIGHT LOSS OVER THE PAST YEAR.PT. HAS HYPERTENSION, STROKE, CARDIAC ARRRTHMIA, BRAIN ANUERYSM; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	CT ABD/PELVIS RECOMMENDED MRCP FOR FURTHER EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1973 - BECOMING MORE SEVERE & MORE FREQUENT; There has been treatment or conservative therapy.; ABDONIMAL PAIN, DIARREAH, REFLUX, DYSPEPSIA.; UPPER ENDOSCOPY, MEDICATIONS/DIETARY ADJUSTMENTS, CT SCANS (RECOMMENDED MRCP); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		History of chronic pancreatitis Burning pain associated with eatinglost 30 lb last year; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Patient is having extreme pain and rapid weight loss; Patient had stent placed in; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		Patient had MRI in July 2020 that recommended follow up in 3-6 months to exclude underlying mass.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Colorectal cancer, surveillance; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Lesion of the liver; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unexplained weight loss R63.4; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	CT ABD/PELVIS RECOMMENDED MRCP FOR FURTHER EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1973 - BECOMING MORE SEVERE & MORE FREQUENT; There has been treatment or conservative therapy.; ABDONIMAL PAIN, DIARRHEA, REFLUX, DYSPEPSIA.; UPPER ENDOSCOPY, MEDICATIONS/DIETARY ADJUSTMENTS, CT SCANS (RECOMMENDED MRCP); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	PT presents to clinic for evaluation and management of BRCA 1 gene mutation with family hx of pancreatic cancer in grandmother and family hx of breast cancer in sister.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 02/02/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	imging for eye. loss of vision; This study is being ordered for trauma or injury.; unknwn; There has been treatment or conservative therapy.; eye problem, vision, spot in left eye, black; 3/22/2021; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient fell at home and hit head. Had bleeding from head and confusion after fall. patient continues to have dizziness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	28 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	22 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	CLINICAL ATTACHED; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	recurrent sinusitis; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Recurrent sinus pressure, using nasal steroid spray.; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Chronic (episode is greater than 12 weeks) best describes the sinusitis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ; Reason: else (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; chronic sinusitis; Reason: Sinusitis (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Nasal polyp; Reason: else (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; recurrent sinusitis; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Recurrent Acute (4 or more acute episodes per year) best describes the sinusitis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; chronic sinusitis; Reason: Sinusitis (system matched response); This is a request for known or suspected sinusitis.; Recurrent Acute (4 or more acute episodes per year) best describes the sinusitis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	abnormal labs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a month localized swelling/murmurs since childhood1-22-21 visit date; There has been treatment or conservative therapy.; swelling mass or lump at the neck, uncontrolled hypertension.; prescription medication, heart program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	STRONG SUSPICION OF CANCER, LESION ON LIP, NECK MASSES, USED DIP TOBACCO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Swelling and knot in neck; Reason: else (system matched response); It is unknown if the size of the mass increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is NO known abscess or suspicious infection.; This is a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT ; mass on side of jaw; Reason: else (system matched response); It is unknown if the size of the mass increased in the last 30 days.; It is unknown if there has been a recent injury or trauma to the neck.; It is unknown if the patient has known or a suspicion of cancer or metastatic disease.; It is unknown if there is a known abscess or suspicious infection.; It is unknown if this is a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; new; Reason: else (system matched response); The size of the mass increased in the last 30 days.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Localized swelling, mass and lump, head; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient has a mass or lump in his throat and needs further evaluation to see what is causing the trouble with swallowing; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient has right side neck mass.; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Thyroid nodule, euthyroid; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Neck lump or mass; Reason: Neck lump or mass (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	abn carotid doppler on 03/23; This study is being ordered for Vascular Disease.; 03/23/2021; It is not known if there has been any treatment or conservative therapy.; carotid brut bilateral, memory impairment, high blood pressure.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	abn ultrasound; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/31/2020; There has not been any treatment or conservative therapy.; h/a, heart racing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	ABNORMAL CAROTID ULTRASOUND REVEALED 50-69% BILATERAL CAROTID STENOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has been treatment or conservative therapy.; CAROTID BRUITS;ABNORMAL CAROTID DOPPLER; CHOLESTEROL MEDICATION (FISH OIL, PRAVASTATIN); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 03/07/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Needs study for additional diagnosis for proper treatment.; This study is being ordered for a neurological disorder.; 1/18/21; There has been treatment or conservative therapy.; Blurred vision, seeing white patches, and mental status change.; Managment by ophamology, and gastroenterology. Also multiple test to include liver biopsy, carotid doppler, vision tests and CT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	New onset headache;Family history of brain aneurysm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	osteoporosis diabetes high chlorestol family history heart disease mother suffered from depressive disorder; This study is being ordered for Vascular Disease.; 09/15/2020; There has been treatment or conservative therapy.; congested heart failure hypertension gastro tract infection abdominal pain allergic rhinitis adema ,coronary athero atherosclerosis intermediate lesion of pinta type 1 diabetes mellitus hypofunction diverticulitis retention of urine surgical history cab; medications more than 8 weeks no improvement rapid progression of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Transient ischemic attack; This study is being ordered for Vascular Disease.; Transient ischemic attack; There has been treatment or conservative therapy.; Transient ischemic attack; Transient ischemic attack; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	abn carotid doppler on 03/23; This study is being ordered for Vascular Disease.; 03/23/2021; It is not known if there has been any treatment or conservative therapy.; carotid brut bilateral, memory impairment, high blood pressure.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	abn ultrasound; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/31/2020; There has not been any treatment or conservative therapy.; h/a, heart racing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	ABNORMAL CAROTID ULTRASOUND REVEALED 50-69% BILATERAL CAROTID STENOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has been treatment or conservative therapy.; CAROTID BRUITS;ABNORMAL CAROTID DOPPLER; CHOLESTEROL MEDICATION (FISH OIL, PRAVASTATIN); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 03/07/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Needs study for additional diagnosis for proper treatment.; This study is being ordered for a neurological disorder.; 1/18/21; There has been treatment or conservative therapy.; Blurred vision, seeing white patches, and mental status change.; Management by ophthamology, and gastroenterology. Also multple test to include liver biopsy, carotid doppler, vision tests and CT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	New onset headache;Family history of brain aneurysm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	osteoporosis diabetes high cholestol family history heart disease mother suffered from depressive disorder; This study is being ordered for Vascular Disease.; 09/15/2020; There has been treatment or conservative therapy.; congested heart failure hypertension gastro tract infection abdominal pain allergic rhinitis adema ,coronary athero atherosclerosis intermediate lesion of pinta type 1 diabetes mellitus hypofunction diverticulitis retention of urine surgical history cab; medications more than 8 weeks no improvement rapid progression of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Transient ischemic attack; This study is being ordered for Vascular Disease.; Transient ischemic attack; There has been treatment or conservative therapy.; Transient ischemic attack; Transient ischemic attack; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	change in movement and impaired vision worse at night in her right eye.; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is a suspicion of a bone infection (osteomyelitis).; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	PT FELL WAS HOSPITALIZED AND HAD SEPTIS SECONDARY TO SEPTIC NEPHROLITHIASIS; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pt with intermittent loss of vision, new onset headaches, smoker, HTN; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	tinnitus, not improving.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Dissected vertebra artery in left side in January. Needs second MRI . Went through depression and hung self and dissected artery in the process. Abnormal amount of vessels in back of neck. Best case scenario will heal self. Has not lost any functions. Is ; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Pt with intermittent loss of vision, new onset headaches, smoker, HTN; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2-3 DAYS AGO; There has been treatment or conservative therapy.; LEFT ARM NUMBNESS W/ NO SENSATION TO PAIN. NEURO DEFICIT TO ARM, NECK PAIN, HX OF SEIZURE D/O. CONCERN IS FOR CVA, CERVICAL DISC HERNIATION OR MASS.; PT. WAS SEEN IN ER AT ANOTHER FACILITY AND DX W/ PROBABLE CVA BUT NO DIAGNOSTIC STUDIES WERE DONE, TOLD TO FOLLOW UP WITH MD, EXAM SHOWED NO PAIN SENSATION AND REPORTS NUMBNESS TO LEFT ARM AND NEURO DEFICIT NOTED. ALSO REPORTS NECK PAIN.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Pain vertigo incontinence fusion in ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/25/2021; There has been treatment or conservative therapy.; arm numbness, light headed, chest pain.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	follow up from ER for dizziness. She states that several days ago she was up and about. She developed the acute onset of vertigo with a sensation that the room was spinning. She had no associated weakness numbness paresthesias. No headache, no blurred vis; This study is being ordered for Vascular Disease.; 12/03/2010; There has been treatment or conservative therapy.; benign paroxysmal positional vertigo (Right);coronary arteriosclerosis;CVA - cerebrovascular accident due to cerebral artery occlusion;appears remote / do not feel plavix /aspirin indicated at this point. Worse when turns to the right and was evaluated; Patient is on atorvastatin, blood pressure medication, and aspirin, she has also had stented coronary artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Muscle weakness (generalized) R hand every time and he does have sig DDD cspine, but then facial weakness.; This study is being ordered for a neurological disorder.; 2/15/2021; There has not been any treatment or conservative therapy.; CC: Mr. BOYETT is a 55 year old White male. He presents with weakness. right side started with few fingers on right hand couldn't use right hand , yesterday he was unable to speak briefly ;HPI: ; ;Mr. BOYETT describes predominant symptom of feelin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NA; This study is being ordered for trauma or injury.; 2/4/2021; There has not been any treatment or conservative therapy.; PATIENT HAS DIZZNESS SLURRED SPEACH HEAD PAIN NECK PAIN LEGS FEELS HEAVY AND UNCOMFORTABLE UNSTEADY GAIT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	47 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	30 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Reason: ELSE (system matched response); It is unknown if there is a sudden change in neurological symptoms.; It is unknown if there has been a recent injury to the head, head trauma or a concussion.; It is unknown if there is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; It is unknown if this is being requested for evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural).; It is unknown if this is being requested for brain evaluation related to a syring or syringomyelia.; This procedure being requested for None of the above; This is being requested for None of the above; see tracking 112179206.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Abnormal Thyroid; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; The type of tumor is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Reason: ELSE (system matched response); There is NO change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Chronic headaches, longer than one month describes the headache's character; chronic migraine headache; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; New onset within the past month describes the headache's character; POSSIBLE STROKE; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; New onset within the past month describes the headache's character; Syncope, headache, brain tumor; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); Agree; Persistent headache with little or no improvement with attempted treatment describes the headache's character; Dizziness, non-specific ;Headache, chronic, neuro deficit ;Neuro deficit(s), subacute ;Vertigo, persistent, central; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; headache radiates to eye; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; Motor neuron disease; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; Nonintractable headache; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; Patient is having new headaches with neurological symptoms.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Agree; Chronic headaches, longer than one month describes the headache's character; Patient reports frequent headache and dizziness; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Cannot agree/affirm; Chronic headaches, longer than one month describes the headache's character.; ; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; This is NOT being requested for evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural).; This is NOT being requested for brain evaluation related to a syrinx or syringomyelia.; This procedure being requested for None of the above; This is being requested for None of the above; Acute Sinusitis; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; This is NOT being requested for evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural).; This is NOT being requested for brain evaluation related to a syrinx or syringomyelia.; This procedure being requested for None of the above; This is being requested for None of the above; alzheimer's disease; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; This is NOT being requested for evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural); This is NOT being requested for brain evaluation related to a syrinx or syringomyelia.; This procedure being requested for None of the above; This is being requested for None of the above; Developed left arm/leg weakness about a month ago. Did not have full loss of function, but felt heavy and hard to move around. Left arm weakness has improved, but still feels like she is dragging left leg around. Has been under stress. Did not seek an; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; loss consciousness; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; she might have a strock; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Tremors , dizziness; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; tremors; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; ; ELSE> (system matched response); Reason: Else (system matched response)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; abnormal MRI; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Altered mental status, unspecified altered mental status type and a fall; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; ataxia post head trauma; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Ataxia, nontraumatic, stroke; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Ataxia; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Dizziness; ELSE> (system matched response); Reason: Else (system matched response)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; DIZZY SPELLS WORSENING; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; MEMORY CHANGES; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; neurological changes; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; New onset of memory loss, mild cognitive impairment; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Paresthesia of Skin ;;Visual changes, facial Tingling/numbness, elevated bp, hx of head trauma/surgery; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; patient has continued dizziness; ELSE>(system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; possible stroke; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Previous TIA; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; pt has memory loss and dr would like to rule out stroke; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; recent memory loss;difficulty reading and;comprehending words; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; TIA suspected; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Transient ischemic attack (TIA); ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; UNABLE TO DO SPEECH THERAPY, VISUAL DEFECT; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; visual hallucinations; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; worsening dementia; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; central retinal artery occlusion here; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms; DIZZINESS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms; vision changes; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for Known or suspected congenital anomaly; Patient having Chronic and Progressive Short Term memory loss memory changes Stress Anxiety Confusion; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via BBI.; Reason: Changing neurologic symptoms (system matched response); Altered mental status	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via BBI.; Reason: TIA (stroke) (system matched response); TIA (stroke)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; Altered mental status	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; amnesia	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; memory loss	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	. 12 mm lesion seen left midlung warranting further evaluation with;nonemergent chest CT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	6 month onset: Complains of pain under left ribs and hurts to lay on his left side. Denies any injury. States he has been coughing a lot b/c of COPD. He is needing a different inhaler besides Advair and Anoro. These didn't help. Insurance would not pay fo; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	10/2020; There has been treatment or conservative therapy.; CANCER EVAL FOR METS OR PROGRESSION; SURGERY NOV 10 2020, TESTOSTERONE, INJECTION IN R EYE, PAIN MNGT NORCO; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	12/17/2020; There has not been any treatment or conservative therapy.; chronic congestive heart failure; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	2017; There has been treatment or conservative therapy.; this is the yearly follow up, patient does not have any symptoms at this time; surgical resection 2017; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest x-ray and abnormality of aortic arch branch; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal xray; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest X Ray shows right hilar lung nodule, need CT for further evaluation. Info Given.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	chronic smoker, has copd.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CT from 2017 shows nodules in both lungs w/ follow up imaging recommended. chest xray from 3/1/1/21 shows perihilar nodules on the right. Pulmonologist also recommended f/u ct for further monitoring and evaluation of this; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	evaluate lung nodule found on chest xray, chronic cough, current smoker; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	F17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/31/2020; There has been treatment or conservative therapy.; Chronic cough, headache; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	FAX INFO; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	hilar adenopathy shown on chest xray at ER. needs work up with CT.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	History of a lung mass that was noted 3yrs ago and never had it checked out since wanting to see the growth of the mass... Mother just passed away from cancer; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule 8mm; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule seen on imaging study done 4-28-2020.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule;;1/15/2021 XR Chest PA and Lateral 2vw;Impression: Right lung nodule and possible right hilar prominence. CT chest;recommended to further evaluate.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient came in office today very dizzy with low O2, his chest xray showed patchy opacity in left lung, patient does not have Covid; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient had a CT Chest on 12/13/2019 that noted a 4mm noncalcified pulmonary nodule in the left lung, recommended at that time a follow up Chest CT in 6 months to 1 year.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had CT in 2017 that showed lung mass and radiologist recommended repeat in 1 year and she is doing that now; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had CT of chest low dose lung screen on 1-14-2021 requesting followup CT scan with contrast due to Focal masslike infiltrate or nodular opacity extending about 2.5 CM and Radiology requested short term followup recommended.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient has a suspicious mass that needs to be looked at closer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has severe COPD. New 10.6 mm right hilum density seen on Chest Xray 3/4/21; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient was seen on 1/6/21 for cough and shortness of breath. Had COVID test done 2 weeks prior that was negative. Chest xray on 12/18/20 shows new interstitial type infiltrates. Repeat cxr on 1/6/21 show possible interstitial masses, etiology unknown.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	persistent cough for 3 months. Normal CXR, been on anti-biotics and steroids, no relief.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Previous CT from 2019 shows three 2 mm uncalcified nodules. Needs follow up for further evaluation and monitoring; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt c/o SOB & cough. Suspecting pneumonia; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt c/o SOB and Chest congestion. CXR was abnormal revealing a 10 mm nodule to R mid lung. Needing a CT w/contrast to further eval nodule found on CXR. Please approve. MM/CMA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	R ARM SWELLING ARM IS NOT HURTING REVIEWED SOME OF HIS WORK UP FROM HIS ONCOLOGY SERVICE HAS SMALL CELL B CELL LYMPHOMA AND CLL AND HAD A VENOUS U/S ON HIS ARM THAT WAS NEGATIVE FOR DVT SUSPECTED LYMPHOMA N HIS CHEST CAUSING THIS BLOCKAGE.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	radiologist recommend this study; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	radiologist recommended 3 month recheck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2020; There has been treatment or conservative therapy.; probable hemangioma in the liver; this is for a 3 month recheck of an abnormal CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	repeat for 6 months; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	She has a right lung mass and shortness of breath and tachycaryadya.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	SOB, Lung Nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is not a nodule,coin lesion or other lung mass.cxct"; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is not being requested prior to surgery or as part of lung biopsy; "There is not suspicion of tumor, neoplasm, or metastatic disease.cxct"; This study is not for evaluation of lung fibrosis or pneumoconiosis.; "Suspicion of mediastinal widening, aneurysm. mass etc..cxct"; Sputum cytology is not positive for neoplasm.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Lung nodule, 6-8mm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is 78 years old or older.; Yes this is a request for a Diagnostic CT ; neoplasm of upper right lobe; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Chest pain, unspecified Abnormal weight loss; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; follow up pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; pulmonary nodule abnormal imaging; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Lung cancer screening declined by patient; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; N/A; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Nicotine dependence, cigarettes, uncomplicated; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; smoker, needs limited ct scan of chest; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Solitary pulmonary nodule LLL 6 mm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Lung mass; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; requested for a nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; smoker nicotine depends and trying to quit; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; EX-SMOKER; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; pos xray asking further assessment.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; 1.0cm pleural-based noncalcified lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if there are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; chronic cough greater then 8 weeks; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; COPD Home oxygen worsening dyspnea; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; DYSPHAGIA, CAD; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI; 6 month follow up; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Abnormal imaging; Reason: Abnormal imaging (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Chest congestion and passible CHF; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; chest pain, cough, short of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; FAX INFO; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Other chronic pain; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Pulmonary Nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBL.; SOB; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBL.; You are required to insert a reason here Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; 1.6 cm nodule in RLL, 2-3 month f/u recommended per radiologist recommendations; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; AXILLARY LYMPHADENOPATHY;R/O:CANCER(SMOKE R); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Community acquired pneumonia; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Complications due to COVID-19; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; enlarged mediastinal lymph nodes, abnormal chest ct; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; F/U NODULE ON CA SCORE 2019; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Hemoptysis; patient is coughing up blood and we are worried about the possible cancer.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; In 2019 a pulmonary nodule was found. Pt is starting to have chest pain and shoulder pain.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Left pulmonary nodule left lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung nodule follow up, noncalcified nodules found in right lung measuring up to 6 mm 10/01/19; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lymphadenopathy abnormal cta; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is a known or suspicion of blood vessel (vascular) disease.; Agree; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; monitor thoracic aneurysm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient fell and now has right flank pain; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Chest injury or trauma within the past 2 weeks; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient had a chest xray showing left hilar enlargement. Radiologist recommended CT for further evaluation. Former 1PPD smoker, quit 16+ years ago; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient losing weight, no appetite, anemia; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PATIENT WAS DOING A FOLLOW UP ON PNEUMONIA AND A MASS WAS FOUND IN THE X-RAY IMAGING DONE ON HIS CHEST.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pt has a history of pulmonary fibrosis that has not been followed up since 2018. She has new onset shortness of breath with xray showing elevated right hemidiaphragm. This request is not COVID related.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pulmonary embolism; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PULMONARY NODULE SEE ON XRAY 01-08-21; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Nicotine dependence cigarettes uncomplicated; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; CONTINUED COMPLAINT OF PAIN AFTER STERNUM FRACTURE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Chest pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	this is a year follow up; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; It is not known if there has been any treatment or conservative therapy.; Chronic Abdominal Pain, high blood pressure, Anxiety and headaches; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	White blood cell count 24.3. Worsening symptoms. double doses of antibiotics and steroids.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.".; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	X-RAY IMPRESSION NOTED A LEFT UPPER LOBE PULMONARY NODULE. NEEDING TO BE FOLLOWED UP AND EXAMINED BY CT CHEST PER RADIOLOGIST; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.".; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	annual, smoker, smokes 1 1/2 packs daily, last study 2/19/2020; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown if No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Pt has COPD, HTN and continues to smoke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	55 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	18 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has Elevated D- Dimer and Shortness of breath; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient with known Thoracic ascending aortic aneurysm needing follow up for observation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	requiring oxygen 24 hours a day when she was not before and sudden mark up; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/23/2021; There has not been any treatment or conservative therapy.; hypocarbia and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	thoracic aorta aneurysm - chronic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Thoracic aortic aneurysm (TAA), known, follow up.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	THORACIC AORTIC ANEURYSM; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	CS-6 findings on XRAY (retrolisthesis noted), and + spurling's sign; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	imaging for eye, loss of vision; This study is being ordered for trauma or injury.; unknwn; There has been treatment or conservative therapy.; eye problem, vision, spot in left eye, black; 3/22/2021; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient passed out and hit a wall and has had Neck Pain since then. He had a Cervical Spine X-ray that was abnormal and Radiologist recommended a CT Cervical Spine; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is experiencing or presenting symptoms of Abnormal gait.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy.;" The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	Bil hip pain;LBP;Thoracic pain;Numbness;Tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Over 10 years ago; There has been treatment or conservative therapy.; Pt has had ongoing LBP for over 10 yrs. He also has thoracic pain and bil hip pain. Pt states the pain is disabling. He also has numbness in legs and feet.; Pt has tried physical therapy and NSAID treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	CT is preferred over MRI for evaluation of osteo fx.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	Recommend further imaging with CT thoracic and lumbar spine for better visual of bony anatomy and will also obtain lumbar MRI to further evaluate radicular symptoms. Patient with marked improvement in symptoms, therefore no acute neurosurgical interventi; This study is being ordered for trauma or injury.; 12/18/2021; There has been treatment or conservative therapy.; Patient states her back pain was severe 2 weeks following her fall but has now improved some; she rates her pain is 5 out of 10 currently. She also reports left leg pain that is localized from hematoma on the inside of her thigh and has pain that radiate; Patient has been participating in physical therapy and reports marked improvement in condition; she states she was using a walker for ambulation and now only using a cane. She denies wearing a brace.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	a mass was found on X-ray, Lumbar with radicular leg pain along with paresthesia and weakness. Knee Pain that is worsened with walking.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	Bil hip pain;LBP;Thoracic pain;Numbness;Tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Over 10 years ago; There has been treatment or conservative therapy.; Pt has had ongoing LBP for over 10 yrs. He also has thoracic pain and bil hip pain. Pt states the pain is disabling. He also has numbness in legs and feet.; Pt has tried physical therapy and NSAID treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	Recommend further imaging with CT thoracic and lumbar spine for better visual of bony anatomy and will also obtain lumbar MRI to further evaluate radicular symptoms. Patient with marked improvement in symptoms, therefore no acute neurosurgical interventi; This study is being ordered for trauma or injury.; 12/18/2021; There has been treatment or conservative therapy.; Patient states her back pain was severe 2 weeks following her fall but has now improved some; she rates her pain is 5 out of 10 currently. She also reports left leg pain that is localized from hematoma on the inside of her thigh and has pain that radiate; Patient has been participating in physical therapy and reports marked improvement in condition; she states she was using a walker for ambulation and now only using a cane. She denies wearing a brace.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Patient endorses spinous process tenderness over the lumbar spinous processes. Patient does endorse pain to paraspinal muscle palpation bilaterally in the lumbosacral spines as well. Patient endorses no sciatic symptoms at this time. No obvious loss of; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; bilateral leg weakness; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; muscle weakness; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; patient is having weakness to her right leg.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Weakness lower extremities; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Will upload clinicals; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2-3 DAYS AGO; There has been treatment or conservative therapy.; LEFT ARM NUMBNESS W/ NO SENSATION TO PAIN. NEURO DEFICIT TO ARM, NECK PAIN, HX OF SEIZURE D/O. CONCERN IS FOR CVA, CERVICAL DISC HERNIATION OR MASS.; PT. WAS SEEN IN ER AT ANOTHER FACILITY AND DX W/ PROBABLE CVA BUT NO DIAGNOSTIC STUDIES WERE DONE, TOLD TO FOLLOW UP WITH MD, EXAM SHOWED NO PAIN SENSATION AND REPORTS NUMBNESS TO LEFT ARM AND NEURO DEFICIT NOTED. ALSO REPORTS NECK PAIN.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Pain vertigo incontinence fusion in ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/2021; There has been treatment or conservative therapy.; Disc bulge at c6Decreased range of motion.; Pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given physical therapy . medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Low back pain, and neck pain; >6 weeks; There has been treatment or conservative therapy.; Parsthegia , neuropathic pain, neck pain and low back pain; 6 weeks of physical Therapy, anti inflammatory; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pain with abductions internal and external rotation; This study is being ordered for trauma or injury.; 1/20/21; There has been treatment or conservative therapy.; pain numbness limited range of motion tenderness and swelling abnormal reflexes; nsaidshome exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	patient had abnormal MRI of tspine results state follow up with tspine with and without contrast and cspine with and without contrast; unknown; There has been treatment or conservative therapy.; back pain, tenderness, numbness, burning; injections, analgesics, steroids; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has COPD, HTN and continues to smoke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	SYMPTOMS PRESENT GREATER THEN 2 MONTHS AND WORSENING DESPITE TREATMENT; 12/2020; There has been treatment or conservative therapy.; C/O DDD T SPINE ADN C SPINE- MODERATE/WORSENING/PRESENT GREATER THAN 2 MO'S. RIGHT ARM NUMBNESS, LOSE OF GRIP; CLONAZEPAM, HYDROCODONE, PHYSICAL THERAPY, USE OF TENS UNIT; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This study is being requested for None of the above; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; It is not known if the pain began within the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; Neck Pain, Cervicalgia, Pain, Lumbago with Sciatica, Low Back Pain; NSAIDS/Medication and physical therapy/conservative therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	patient had abnormal MRI of spine results state follow up with spine with and without contrast and spine with and without contrast; unknown; There has been treatment or conservative therapy; back pain, tenderness, numbness, burning; injections, analgesics, steroids; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	persistent back pain, reports initially started in middle and now it is also in her neck and low back. Reports pain in neck travels up when she turns her head and feels spasm in shoulders. Tenderness in lumbosacral paraspinal region with palpable spasm w/ 9/14/2020; There has been treatment or conservative therapy; persistent back pain that moves up to her neck and down her lower back. Tenderness in lumbosacral paraspinal region with palpable spasm with ROM. Had thoracic imaging that showed osteophytes; muscle relaxers, NSAIDs, steroids, home exercises, and PT; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pre-operative evaluation. REQUESTED/REQUIRED BY NEUROSURGEON ;SEVERE PAIN; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; Enter Additional Clinical Information>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Spasms with radiation and decreased range of motion	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	bypass; bypass; It is not known if there has been any treatment or conservative therapy.; bypass; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 2/5/2021; It is not known if there has been any treatment or conservative therapy.; Pain; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 18 years ago; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given chiropractor, over counter medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Low back pain, and neck pain; >6 weeks; There has been treatment or conservative therapy.; Parsthegia , neuropathic pain, neck pain and low back pain; 6 weeks of physical Therapy, anti inflammatory; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	persistent back pain, reports initially started in middle and now it is also in her neck and low back. Reports pain in neck travels up when she turns her head and feels spasm in shoulders. Tenderness in lumbosacral paraspinal region with palpable spasm w/; 9/14/2020; There has been treatment or conservative therapy.; persistent back pain that moves up to her neck and down her lower back. Tenderness in lumbosacral paraspinal region with palpable spasm with ROM. Had thoracic imaging that showed osteophytes.; muscle relaxers, NSAIDs, steroids, home exercises, and PT; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pre-operative evaluation. REQUESTED/REQUIRED BY NEUROSURGEON ;SEVERE PAIN; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is a Medicare member.; The patient has Focal extremity weakness	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	11 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Abnormal Reflexes	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	14 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is NOT new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2021	Jan-Mar 2021
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1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?	1 2021	Jan-Mar 2021
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1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021

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1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
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1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021

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1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
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1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	16 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	10 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Foot Drop is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Cauda Equina Syndrome is documented; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had TENS/ EMS/Diathermy/Laser therapy; It is unknown if there is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Follow-up to surgery or fracture within the last 6 months; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; Neck Pain, Cervicalgia, Pain, Lumbago with Sciatica, Low Back Pain; NSAIDS/Medication and physical therapy/conservative therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Pelvic Trauma; Initial exam.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 18 years ago; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given chiropractor, over counter medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Fracture.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/21; There has not been any treatment or conservative therapy.; PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	pt back is in pain along with right hip and leg.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is NOT an evaluation of the pelvic girdle, sacrum or the tail bone (coccyx).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	swelling, fell and injured hip and pelvis, leg swollen, suspect embolus or blood clot, MRI recommended after CT was performed.; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the ovary.; A tumor or mass was noted on previous imaging.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the uterus.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Unknown; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the upper extremity.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	affected area warm to touch; This study is being ordered for Inflammatory/ Infectious Disease.; initial date of onset 12/22/2020; There has been treatment or conservative therapy.; pain, swelling; pain meds given for gout but unable to relieve pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation., There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	bone lesion seen on x ray; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/2021; There has been treatment or conservative therapy.; Disc bulge at c6Decreased range of motion.; Pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	FAX INFO; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pain with abductions internal and external rotation; This study is being ordered for trauma or injury.; 1/20/21; There has been treatment or conservative therapy.; pain numbness limited range of motion tenderness and swelling abnormal reflexes; nsaidshome exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder pain, rotator cuff disorder suspected, xray done; This study is being ordered for trauma or injury.; Shoulder pain, rotator cuff disorder suspected, xray done; There has been treatment or conservative therapy.; Shoulder pain, rotator cuff disorder suspected, xray done; Shoulder pain, rotator cuff disorder suspected, xray done; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	17 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient has had pain in right shoulder since 01/11/21, home exercises did not help, pain is worsening and patient has been referred to Ortho and pain management. Need MRI to proceed with treatment such as injections/surgery; The patient received oral analgesics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; TAKE MEDS AND FOLLOW UP IF THE PAIN DOES NOT GET BETTER; The patient received medication other than joint injections(s) or oral analgesics.; MELOXICAM 15MG ;NYSTATIN-TRIAMCINOLONE	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDS specialty is NOT Orthopedics.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There are concerns this patient has a septic joint.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	xrays were normal patient still in pain. suspected ligament damage; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	a mass was found on X-ray, Lumbar with radicular leg pain along with paresthesia and weakness. Knee Pain that is worsened with walking.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.; Yes, this is a request for CT Angiography of the lower extremity. bilateral knee pain with weakness, swelling, catching, locking, popping, clicking, and instability; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	stress fracture suspected, neg xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	tears of the meniscus; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; both of his knees buckle and cause him to fall, his knees also will pop and lock up; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is NOT a scheduled date with an orthopedic specialist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	19 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuriyis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Patient has chronic leg pain along with claudication.; Is this a request for one of the following? MR Angiogram lower extremity	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	radiologist recommended 3 month recheck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2020; There has been treatment or conservative therapy.; probable hemangioma in the liver; this is for a 3 month recheck of an abnormal CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal abdominal ultrasound; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); acute RUQ abdominal pain for 8 hours , 8/10, nausea, history of small bowel obstruction with similar symptoms.; This case was created via RadMD.; There has been an abnormal finding on physical exam.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Cannot agree/affirm; The study is being ordered for acute pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cancer; This case was created via BBI.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Cyst of kidney; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); EPIGASTIC PAIN; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Frequent loose stools; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hernia; This case was created via BBL.; There has been an abnormal finding on physical exam.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Kidney mass; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Lesion of Liver; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen, without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has had diffuse abd pain and has adrenal cyst.; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for acute pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen, without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has right upper quad pain; There has been an abnormal finding on physical exam.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen, without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pelvic pain chronic diarrhea; This case was created via BBI.; There has NOT been an abnormal finding on physical exam.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen, without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); R/O VENTRAL HERNIA DUE TO EPIGASTRIC PAIN; There has been an abnormal finding on physical exam.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen, without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); r/o kidney stone; This case was created via BBI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	aorta aneurysm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/04/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	9/29/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Abnormal weight loss; Medications.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/2020; There has been treatment or conservative therapy.; CANCER EVAL FOR METS OR PROGRESSION; SURGERY NOV 10 2020, TESTOSTERONE, INJECTION IN R EYE, PAIN MNGT NORCO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/17/2020; There has not been any treatment or conservative therapy.; chronic congestive heart failure; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2017; There has been treatment or conservative therapy.; this is the yearly follow up, patient does not have any symptoms at this time; surgical resection 2017; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	15 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT.; There is NO documentation of a known tumor or a known diagnosis of cancer.; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is laboratory or physical evidence of an intra-abdominal bleed.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	9 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABNORMAL ULTRASOUND;FREE FLUID; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal CT Chest;Pancreatic lesion; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hernia and pain; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pt has generalized abdominal pain and chronic constipation that medications have not helped. Ultrasound was normal and lab work up was normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is not a particular clinical reason why the exam is being performed at this facility.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); 0; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abdomen and pelvis; This case was created via BBI.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain abdominal mass; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain, acute, nonlocalized ;Gastrointestinal cancer, surveillance; This case was created via RadMD.; There has been an abnormal finding on physical exam.; It is unknown if the patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABDOMINAL PAIN, BLOATING, PROBLEMS WITH CONSTIPATION, SOME BLOODY STOOLS; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain, chronic; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain, hernia suspected; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abdominal/pelvic pain; It is unknown if there has been an abnormal finding on physical exam.; It is unknown if the patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); acute abdominal pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); bowel obstruction; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Chronic abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Chronic Pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Chronic upper quadrant abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Diverticulitis suspected; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); flank pain suspected stone; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); FLANK PAIN, HEMATURIA; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Frequent loose stools; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); gastroenteritis or colitis suspected; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); general abdominal pain; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Groin pain right side; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); GROSS HEMATURIA, RIGHT FLANK PAIN; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Having chronic abdominal pain with unintentional weight loss; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hematuria, unknown cause; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hemitera, kidney pain and pain when urinating; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Kidney stone found on abdomen x ray; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); kidney stone suspected; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); left direct inguinal hernia; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); left lower quadrant pain expecting diverticulitis; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); LLQ abdominal pain; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); LUQ ABDOM PAIN; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Medullary cystic kidney; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); N/A; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); non healing wound; There has been an abnormal finding on physical exam.; It is unknown if the patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has diffuse abdominal pain, increased bloating/flatulence, and leukocytosis. Symptoms began today, approx 7 hours ago. Abdominal tenderness with voluntary guarding.; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has diffuse progressive abdominal pain and is severely distended in transverse colon. We are checking for constipation vs mass.; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has pancreatic mass; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PATIENT IS EXPERIENCING FLANK PAIN AND HEMATURIA; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pelvic pain and Abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); prostate cancer; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pt has abdominal fullness in right upper quadrant; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pt has severe abdominal pain, Pt has abnormal finding on x-ray, Suspect possible bowel obstruction; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); right abdomen pain; This case was created via RadMD.; It is unknown if there has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); right groin pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Right lower quadrant pain x 2 days with abnormal labs and normal urine. Pain is increasing.; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Right renal mass; This case was created via BBI.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Right sidedabdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); right upper quadrant pain; This case was created via BBI.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Rule out infection; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Severe Abdominal Pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); severe stomach ache; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); uti infection; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	32 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal Lump; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abdominal mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abnormal ultrasound; This case was created via BBI.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ascites, dependent edema and hx of ovarian cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Concern for kidney stone; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Dumping syndrome; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); dysuria; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Elevated alkaline phosphatase level with weightloss; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); elevated liver enzymes; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); FAX INFO; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hernia; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hyperbilirubin; elevated ALP; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Microscopic hematuria; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); microscopic hematuria; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Cannot agree/affirm	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Mr. STAIN complains of nausea and vomiting. This has been noted for the past 2 weeks. The frequency of episodes is several times daily. Associated symptoms include confusion and symptoms of dehydration;He has lost 31 lbs in 2 months.; This case was created via RadMD.; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); renal lesion; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); She has left pain and now thinks that she may have a hernia and has pain in the groin area;Pt states she is in a lot of pain cannot seem to get under control.; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); WILL FAX; This case was created via BBI.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abd pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abd pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abdominal pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); generalized abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); left flank pain; This case was created via BBI.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Left Flank Pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); PAIN; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Infection (system matched response); Diverticulitis; This case was created via RadMD.; Agreed	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Infection (system matched response); rule out appendicitis; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); gross hematuria; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); kidney stone; This case was created via RadMD.; Agreed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Renal calculi, kidney or ureteral stone; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Renal Mass; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); stone; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); stone; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); stone; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	3/5/2021 CT Renal Cryo Ablation Percutaneous ;IMPRESSION;;Status post cryoablation and biopsy of nodule involving the upper pole;of the left kidney. A follow-up MRI scan with gadolinium would be;recommended in one month, three months, six months and o; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2019; There has been treatment or conservative therapy.; Kidney lesion;H/O prior ablation treatment; H/O prior ablation treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	This is a request for a MR Angiogram of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI; This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; The patient has a lifetime risk score of greater than 20.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI; This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	9MM spiculated mass R breast, dystrophic calcifications in L breast. need further eval w MRI; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	none; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient's mother diagnosed with Breast Cancer @37yo, Paternal Aunt @55yo. Patient has a Lifetime Risk of 27% for breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture ; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	ultrasound showed mild dilated ducts of right breast, right nipple bloody discharge.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	This is a request for Parathyroid SPECT imaging.; CALCIUM LEVEL HIGH ON BLOODWORK	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	David W Fain is a 53 y.o. male who comes today to follow-up on chronic pain issues. He is currently taking Norco 10/325 quantity #90 monthly. No signs or symptoms of abuse or diversion, no side effects the current medication. Urine drug screen is up-to; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt c/o chest pain radiating to right arm and back, dizziness, lightheadness. describes as pressure, squeezing, tightness. EKG shows marked sinus bradycardia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor., This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient has not recently suffered either a CVA or TBI; don't know; don't know; 01/18/2021; The evaluation date is not in the future; The primary condition is Cognitive linguistic Impairment; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Neuro Rehabilitative	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 WEEKS AGO; There has not been any treatment or conservative therapy.; Associated symptoms include congestion, coughing, ear pain, headaches, a plugged ear sensation, rhinorrhea, sinus pain, sneezing, a sore throat and wheezing.ype In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Around 3/9/2021; There has been treatment or conservative therapy.; The pt has weakness of right side, high blood pressure, had a stroke.; Medication, Amlodipine, Potassium Chloride.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Muscle weakness (generalized) R hand every time and he does have sig DDD cspine, but then facial weakness.; This study is being ordered for a neurological disorder.; 2/15/2021; There has not been any treatment or conservative therapy.; CC: Mr. BOYETT is a 55 year old White male. He presents with weakness. right side started with few fingers on right hand couldn't use right hand , yesterday he was unable to speak briefly ;;HPI: ; ;Mr. BOYETT describes predominant symptom of feelin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	requiring oxygen 24 hours a day when she was not before and sudden mark up; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/23/2021; There has not been any treatment or conservative therapy.; hypocarbia and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This study is being ordered for another reason; The reason for ordering this study is unknown.; This is for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; It is unknown if this is an initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient has high blood pressure	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	11 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	25 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Pt has hx of mitral valve prolapse; This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; a past medical history of hypertension, hypothyroidism, obesity, presents today for evaluation of chest pain. Patient complains of right-sided upper chest pain that is sharp. She reports some radiation of the pain towards her back.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Pelvis/Hip request; Three or more visits anticipated; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ambulation exercise; Enter score here Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request.; Three or more visits anticipated; Therapy type is Rehabilitative; Don't know; don't know; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation.; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		: Tammy is a 53-year-old female presents to clinic by telephone for routine follow-up after establishing care. She reports that she is doing well. She reports that she is tolerating her medications well. Last visit we expressed concern regarding imaging; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		none; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/08/2021; There has not been any treatment or conservative therapy.; Headache, cervical/thoracic/lumbar spinal pain and discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	cough and shortness of breath.; HEADACHES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/21/2021; There has not been any treatment or conservative therapy.; syncope collapse blackoutfacial flushingdizzinessheadach; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Around 3/9/2021; There has been treatment or conservative therapy.; The pt has weakness of right side, high blood pressure, had a stroke.; Medication, Amlodipine, Potassium Chloride.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	F17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/31/2020; There has been treatment or conservative therapy.; Chronic cough, headache; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	facial swelling and possible of cancer and history on other side; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 03/05/2021; There has been treatment or conservative therapy.; h/a severe and worsening; meds, therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	STRONG SUSPICION OF CANCER, LESION ON LIP, NECK MASSES, USED DIP TOBACCO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	31 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	22 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; APPROXIMATELY 6 MONTHS; There has not been any treatment or conservative therapy.; KNOT IN CHEST, ABOVE LEFT BREAST. FEELS LIKE IT INCREASING IN SIZE, MEMORY LOSS/CONFUSION - FAMILY HISTORY OF DEMENTIA (MOTHER); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	rule out fracture of right orbit; This study is being ordered for trauma or injury.; 01/09/2021-Enter date of initial onset here; There has been treatment or conservative therapy.; Describe primary symptoms here - aching pain, dizziness, headaches, sensitivity to light, bruising of around the eye; Describe treatment / conservative therapy here. Pt has been referred to an ophthalmology.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Contusion of nose Facial trauma was hit in directly in the nose by a dog; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 02/02/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a chronic history of recurrent sinusitis; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has also tried a hip brace to see if that helps with her back pain etc.; This study is being ordered for a neurological disorder.; Started in November 2020. Has a history of mass of right maxillary sinus. Suppose to monitor as it may be cancerous.; There has been treatment or conservative therapy.; Back - Right upper leg pain down to her knee. Balance loss and frequent falls due to her leg giving out. Burning pain. ;Sinus - nosebleeds, NO headaches; When the patients back pain began in November she received a steriod injection. Over the counter NSAIDS and heating pad helps and the steriod shot did NOT help.;;On her CT of sinus we have requested records of previous CTs. Last CT stated to follow up a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	rule out fracture of right orbit; This study is being ordered for trauma or injury.; 01/09/2021-Enter date of initial onset here; There has been treatment or conservative therapy.; Describe primary symptoms here - aching pain, dizziness, headaches, sensitivity to light, bruising of around the eye; Describe treatment / conservative therapy here. Pt has been referred to an ophthalmology.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; ronic sinusitis for treatment planning; Reason: else (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; Yes this is a request for a Diagnostic CT; It has been less than 14 days since onset; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; Yes this is a request for a Diagnostic CT; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; It has been less than 14 days since onset AND the patient improved, then worsened; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy ; Pain in right side of moth, dizziness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	facial swelling and possible of cancer and history on other side; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 03/05/2021; There has been treatment or conservative therapy.; h/a severe and worsening; meds, therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; LOCALIZED, SWELLING/MASS; Reason: else (system matched response); It is unknown if the size of the mass increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; It is unknown if there is a known abscess or suspicious infection.; This is NOT a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2009; There has been treatment or conservative therapy.; syncope, hemiparesis, hemiparalysis, confusion; Patient is currently on Plavix and has yearly ultrasounds for monitoring.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/21/2021; There has not been any treatment or conservative therapy.; syncope collapse blackoutfacial flushingdizzinessheadach; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient had carotid doppler that showed stenosis 50-69% needs CTA for further evaluation.; This study is being ordered for Vascular Disease.; Patient has had carotid stenosis since 2016 which has been followed annually. Patient does have intermittent symptoms related to her carotid stenosis. Carotid ultrasound done this past week that showed 50-69%; There has been treatment or conservative therapy.; Patient experiences occasionally dizziness with roaring in her ears. Also reports occasional carotid pain.; Patient is doing risk management with lifestyle changes, along with blood pressure management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient had carotid doppler that showed stenosis 50-69% needs CTA for further evaluation.; This study is being ordered for Vascular Disease.; Patient has had carotid stenosis since 2016 which has been followed annually. Patient does have intermittent symptoms related to her carotid stenosis. Carotid ultrasound done this past week that showed 50-69%; There has been treatment or conservative therapy.; Patient experiences occasionally dizziness with roaring in her ears. Also reports occasional carotid pain.; Patient is doing risk management with lifestyle changes, along with blood pressure management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Lacunar infarction; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	NA; This study is being ordered for trauma or injury.; 2/4/2021; There has not been any treatment or conservative therapy.; PATIENT HAS DIZZINESS SLURRED SPEACH HEAD PAIN NECK PAIN LEGS FEELS HEAVY AND UNCOMFORTABLE UNSTEADY GAIT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an Orbit MRI; There is a history of orbit or face trauma or injury.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	follow up from ER for dizziness. She states that several days ago she was up and about. She developed the acute onset of vertigo with a sensation that the room was spinning. She had no associated weakness numbness paresthesias. No headache, no blurred vis; This study is being ordered for Vascular Disease.; 12/03/2010; There has been treatment or conservative therapy.; benign paroxysmal positional vertigo (Right);coronary arteriosclerosis;CVA - cerebrovascular accident due to cerebral artery occlusion;appears remote / do not feel plavix /aspirin indicated at this point. Worse when turns to the right and was evaluated; Patient is on atorvastatin, blood pressure medication, and aspirin, she has also had stented coronary artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a new problem. The current episode started in the past 7 days. The problem occurs constantly. The problem has been unchanged. The pain is located in the left unilateral, occipital and temporal region. The quality of the pain is described as stabbi; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	follow up from ER for dizziness. She states that several days ago she was up and about. She developed the acute onset of vertigo with a sensation that the room was spinning. She had no associated weakness numbness paresthesias. No headache, no blurred vis; This study is being ordered for Vascular Disease.; 12/03/2010; There has been treatment or conservative therapy.; benign paroxysmal positional vertigo (Right);coronary arteriosclerosis;CVA - cerebrovascular accident due to cerebral artery occlusion;appears remote / do not feel plavix /aspirin indicated at this point. Worse when turns to the right and was evaluated; Patient is on atorvastatin, blood pressure medication, and aspirin, she has also had stented coronary artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	12/17/2020; There has been treatment or conservative therapy.; cervical pain; radiculopathy; change in mental status;; PT; meds; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Pain in right side of moth, dizziness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	history of migraines always on the left side; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain for 1 year with no relief from at home remedies or chiropractic visits. Headaches with numbness, tingling and dizziness for greater than 2 weeks.; There has been treatment or conservative therapy.; Neck pain, headache; Chiropractic care, OTC meds, Rx meds and at home stretches; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Strongly advise to have patient perform MRI brain to further evaluate patient's bilateral ear tinnitus. Also, patient needs an echo cardiogram due to elevated blood pressure with strong family history of strokes.; This study is being ordered for Vascular Disease.; 12/01/2020; There has been treatment or conservative therapy.; Patient reports having ringing in her ear since December 2020; Patient has been treated with oral antibiotics and referred to ENT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	28 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; This is NOT being requested for evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural).; This is NOT being requested for brain evaluation related to a syrinx or syringomyelia.; This procedure being requested for None of the above; This is being requested for None of the above; MEMORY LOSS, CONFUSION; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; ABNORMAL CT HEAD, INTERVIL DEVELOPMENT OF A LEFT FRONTAL CORONA RADIATA WHITE MATTER INFARCT SUBACUTE OR CHRONIC IN APPEARANCE AND SHE IS HAVING SLURRED SPEECH; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Since around Feb. 7th, 2021 patient has problem with balance and gait, dizziness, falling down.;Want MRI to rule out tumor or hematoma; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; Altered mental status	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 4 yrs ago; There has not been any treatment or conservative therapy.; abdominal pain, SOB an edema and burning sensation in chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 11/15/2020; There has been treatment or conservative therapy.; COUGH NON RESPONSIVE TO MEDS. LUMP UNDER RIGHT ARM; NSAID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01/04/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01/12/2021; There has been treatment or conservative therapy.; ; Medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Trauma / Injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1/17/21 CXR-NORMAL RESULT;HAD A POSITIVE COVID-19 11/29/2020; STILL HAVING SHORTNESS OF BREATH,COUGH, CONGESTION AND CHEST TIGHTNESS. ;COMPLETED CEFDINIR 300MG FOR 14 DAYS AND PREDNISONONE PACK IN JAN. 2021.ALSO TOOK LEVAQUIN.STARTING DOXYCYCLINE ALSO.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	03/16/2021; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN AND CHANGE IN BOWEL HABITS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	9/29/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Abnormal weight loss; Medications.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/17/2020; There has not been any treatment or conservative therapy.; abdominal pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	11/10/2020; There has been treatment or conservative therapy.; Tear in diaphragm which is causing him to burp/belch. abdomen discomfort when standing; Pt was seen in 1/2021 and was referred for general surgery in correction of his right inguinal hernia cause discomfort. Pt was sch for surgery repair which was cancelled due to sneezing blew a vein in his arms Pt was experiencing tingling and numbing in a; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	14 days ago; It is not known if there has been any treatment or conservative therapy.; low grade fever 99.6 , chills, fatigue, and night sweats for the past 14 days.She reports that she was diagnosed with HSV 1 by GYN by blood test and vaginal swab.;She had a vaginal lesion which lasted for 2 days. Currently lesion is gone.;She reports ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	120 weight loss; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	and pain also radiates into upper chest wall at times; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest pain x 3 weeks severe sudden onset, stress echo without ischemia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chronic cough sine 01/12/2021 and has hypertension.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chronic respiratory failure; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	continues to complain of abnormal chest pain and shadows on chest x-ray with right shoulder checked by orthopedic and did not find anything wrong.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	cough and shortness of breath.;HEADACHES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Cough for over four months abnormal chest x ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ct of the skull base to the thigh/head and neck ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Elevated liver enzymes; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/21/2021; There has not been any treatment or conservative therapy.; syncope collapse blackoutfacial flushingdizzinessheadach; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	fever and cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lab values have not revealed a cause for either symptoms and conservative measures have not relived any symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Abdominal pain, chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lung nodule,1cm sob, fatigue, worsening; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	memory deficiency; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had an abnormal CTA Chest in May 2020 that showed a 4 mm nodule and follow up was recommended. She has not had a follow up exam; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been post-Covid status for almost a year now yet still has a persistent cough.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had chest pain since Jan. 2021. Need to rule out pneumonia. Patient had pneumothorax twice in the past 6 years; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o left sided chest pain and rib pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been having unintentional weight loss. In the last 2 1/2 year time period pt has lost a total of 21 pounds unintentional. Pt current BMI is 17.4. Pt has tried Ensure to increase her calorie intake. Pt has not had any problems before 2019 keep weigh; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS HAD CLAVICLE PAIN FOR SEVERAL MONTHS NOW. BILATERAL DISTAL CLAVICLES APPEAR ABNORMAL. ABNORMAL MRI OF SHOULDER 2016 SHOWS MOD. DEGENERATIVE CHANGES OF CLAVICLE THEN.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had previous CT that showed Right upper lobe nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has shortness of breath wheezing, chronic cough and SOB is getting worse. Pt has smoked for 20 years; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt was seen in ER and was diagnosed with Pleurisy. Pt was seen in office today due to continued chest pains. Doctor wants to have CT, thorax, W/O contrast; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	shortness of breath, upper quad pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient had an unremarkable chest xray. Pain has been ongoing for 3 months.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; Pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are NO physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; APPROXIMATELY 6 MONTHS; There has not been any treatment or conservative therapy.; KNOT IN CHEST, ABOVE LEFT BREAST. FEELS LIKE IT INCREASING IN SIZE, MEMORY LOSS/CONFUSION - FAMILY HISTORY OF DEMENTIA (MOTHER); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	40 pack year smoker, current nicotine dependence.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 78 years old or older.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	copd, and is current smoker and lung cancer runs in family; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT HAD LOW DOSE LUNG SCREENING ON 10/15/2020 IMPRESSION IS LUNG-RADS SUSPICIOUS RECOMMEND LDCT PER RADIOLOGIST; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	Screening for Lung Cancer;Lung cancer annual screening, asymptomatic; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	aorta aneurysm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	follow up from cta in june. enlarged lymph nodes; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/2/20; There has been treatment or conservative therapy.; PAIN; 12/2/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/08/2021; There has not been any treatment or conservative therapy.; Headache, cervical/thoracic/lumbar spinal pain and discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; joint pain; prednisone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain neg xray; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAIN, NUMBNESS/TINGLING OF ARMS, BURNING/ACHING - WORSE WITH MOVEMENT AND ACTIVITIES. NSAIDS GIVE NO RELIEF; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient fell at home and hit head. Had bleeding from head and confusion after fall. patient continues to have dizziness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt complains of headache and neck pain following injury; he hit head on edge of door frame. Would like CT; xray negative but unable to get good view of odontoid on imaging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine MRI.; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT.; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	She is having some triggering in her right pinky for the past several months. She has had occasional numbness in her right hand which lasted most of the day. She reports having intermittent tingling in her feet. She has been taking frequent ibuprofen for ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT.; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	x ray showed degenerative disk disease in neck and lower back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago; There has been treatment or conservative therapy.; increased pain n neck and lower back; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/08/2021; There has not been any treatment or conservative therapy.; Headache, cervical/thoracic/lumbar spinal pain and discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	back pain (fell on slick concrete and hurt her middle thoracic region; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	been in pain for a while, last here in Nov for back pain, 10/29 received a trigger point injection did not work, fell in Oct. giving nsaid, continuous pain since fall in October; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2020; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/08/2021; There has not been any treatment or conservative therapy.; Headache, cervical/thoracic/lumbar spinal pain and discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; joint pain; prednisone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2020; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Multiple myeloma, pt has decreased range of motion.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; The patient also reports difficulty;sleeping, anxiety/frustration, depression, difficulty performing activities, numbness, weakness, sweating and;swelling.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	transient episodes of weakness in legs that have resulted in falls. Pt is unable to verbalize whether she is fully losing sensation in legs, however, she is unable to walk during these events and falls; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	x ray showed degenerative disk disease in neck and lower back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago; There has been treatment or conservative therapy.; increased pain n neck and lower back; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 04/16/2020; There has been treatment or conservative therapy.; History of cervical and lumbar spinal stenosis and history of diffuse DDD with radicular symptoms. Chronic pain; OTC medication. Pt unable to take NSAIDS.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; CHRONIC NECK, THORACIC AND LUMBAR PAIN. WAS HIT BY A CAR 11/02/2020 AND CONTINUES TO HAVE PAIN. EMG DONE. XRAY DONE.;HAS BEEN TO PHYSICAL THERAPY.TAKING NSAIDS AND TYLENOL AS NEEDED. IS BEING REFERRED TO NEUROSURGEON. NEEDS MRI PRIOR; There has been treatment or conservative therapy.; Neck: trachea midline and tender (Tenderness to paraspinal musculature on posterior cervical musculature.;Aggravation of pain on range of motion -worse with turning head to left, tilting head to right, any rotation movement, and extension of neck.; limi; PHYSICAL THERAPY, NSAIDS AND TYLENOL; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic Pain; There has been treatment or conservative therapy.; Back, Neck, and Knee Pain; Physical Therapy and nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; September 2020; There has been treatment or conservative therapy.; cannot lift arm past chest level, losing strength and dropping things all the time. h/o c4-5 fusion 4-5 years ago with concern of further injury d/t trauma.; has underwent physical therapy and prescriptions to help with pain and discomfort; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; UNK--CHRONIC--WORSENING SINCE WORKING; There has been treatment or conservative therapy.; BACK AND NECK PAIN; FLEXERIL; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; CHRONIC NECK PAIN. SHE HAS SOME OCCASIONAL RADIATION OF PAIN OVER HER ARMS. HAS OCCASIONAL NUMBNESS AND TINGLING; pain mgmt. w/ White River;gabapentin, NSAIDS; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	12/17/2020; There has been treatment or conservative therapy.; cervical pain; radiculopathy; change in mental status;; PT; meds; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Complaints of acute on chronic back pain. No pain medication in last 3 months. Not under pain contract. 9/10 scale at times.;Needs psych medication refills. Was on combo of zolofit, abilify, buspar;Agreeable to labs today.; 12/20/2020; There has been treatment or conservative therapy.; Has had previous neck surgery and feels like plates are moving. Unable to turn head from side to side.; cervical and lumbar surgery cyclobenzaprine; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 2/5/2021; It is not known if there has been any treatment or conservative therapy.; Pain; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 11/16/2020; There has been treatment or conservative therapy.; rapid progression of symptoms; medicine, HEX without improvement; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 12/17/2004; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given see clinic; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Medication has not helped.; 01/25/2021; There has been treatment or conservative therapy.; dull, shooting and stabbing pain between shoulder blades. Aggravated by daily activities, walking, posture and nocturnal pain.; medication; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain for 1 year with no relief from at home remedies or chiropractic visits. Headaches with numbness, tingling and dizziness for greater than 2 weeks.; There has been treatment or conservative therapy.; Neck pain, headache; Chiropractic care, OTC meds, Rx meds and at home stretches; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	no; 8/2020; There has been treatment or conservative therapy.; neck and low back pain and Paresthesia and neuropathy; 6 weeks of physical therapy - was no help; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Paitent has had right sided electric shock burning sensation in neck going down to shoulder; Patient states pain is worse during the day and at times the skin there is red and inflamed and has sharp pains. Pt informs of neck pain area on and off for over a year; It is not known if there has been any treatment or conservative therapy.; Pain; Pain in neck area that has been going off and on for over a year, no injury Presents to the clinic today with c/o severe cervical to upper thoracic spine pain. She states that it is worse during the day and at times the skin there is red and inflam; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had injections; sept 15 2020; There has been treatment or conservative therapy.; Patient has neck headache dizziness; patient has had INSED 6 weeks HEP; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt needs studies done .; This study is being ordered for Inflammatory/ Infectious Disease.; 1/1/2021; There has been treatment or conservative therapy.; abd pain, neck pain radiating into shoulders constant pain; pt has been given antibiotics, diet restriction for abd, stretching exercise for neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She has neck pain with numbness/tingling in fingers, and dysphagia, daily back pain. Pain radiates to front; Greater than 5 years; There has been treatment or conservative therapy.; She has neck pain with numbness/tingling in fingers, and dysphagia, daily back pain. Pain radiates to front; Pt has went to orthopedist and saw general surgeon;;Anti-inflammatory;Muscle Relaxer;Heat/Ice ;Home exercises; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; This study is being requested for Known or suspected tumor with or without metastasis; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; It is unknown if at least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; This study is being requested for Trauma or recent injury; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; This study is being requested for Trauma or recent injury; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Sexual Dysfunction is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Foot Drop is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; This study is being requested for Known or suspected infection or abscess; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 12/28/2020; There has been treatment or conservative therapy.; pain , numbness, tingling in extremities; physical therapy, pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unable to be controlled with steroids, NSAIDs, and narcotic medication. ; Neurosurgeon has requested additional scans to be performed. ; I've ordered MRI but it has been refused by patients insurance.; Pt sits before me in pain. Is re; L5-s1 disc bulge and foraminal narrowing seen on MRI in 2019. Pain worsening.; It is not known if there has been any treatment or conservative therapy.; L5-s1 disc bulge and foraminal narrowing seen on MRI in 2019. Pain worsening.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; chronic pain, with worsening symptoms in the past year; There has been treatment or conservative therapy.; chronic low back and neck pain; Patient has long term spinal stenosis with previous injections and therapy; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; one year; There has been treatment or conservative therapy.; Pain; NSAsteroids home exercises; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will fax clinical; will fax clinicals; It is not known if there has been any treatment or conservative therapy.; will fax clinicals; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will fax records; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; 09/11/2020; There has been treatment or conservative therapy.; Rectal bleeding, abdominal pain, bladder spasms, intense pain, lower back pain; medication; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; CHRONIC NECK, THORACIC AND LUMBAR PAIN. WAS HIT BY A CAR 11/02/2020 AND CONTINUES TO HAVE PAIN. EMG DONE. XRAYs DONE.;HAS BEEN TO PHYSICAL THERAPY.TAKING NSAIDS AND TYLENOL AS NEEDED. IS BEING REFERRED TO NEUROSURGEON. NEEDS MRI PRIOR; There has been treatment or conservative therapy.; Neck: trachea midline and tender (Tenderness to paraspinal musculature on posterior cervical musculature.;Aggravation of pain on range of motion -worse with turning head to left, tilting head to right, any rotation movement, and extension of neck.; limi; PHYSICAL THERAPY, NSAIDS AND TYLENOL; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 11/15/2020; There has been treatment or conservative therapy.; COUGH NON RESPONSIVE TO MEDS. LUMP UNDER RIGHT ARM; NSAID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic Pain; There has been treatment or conservative therapy.; Back, Neck, and Knee Pain; Physical Therapy and nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	bypass; bypass; It is not known if there has been any treatment or conservative therapy.; bypass; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 11/16/2020; There has been treatment or conservative therapy.; rapid progression of symptoms; medicine, HEX without improvement; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 12/17/2004; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given see clinic; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Pain vertigo incontinence fusion in ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Medication has not helped.; 01/25/2021; There has been treatment or conservative therapy.; dull, shooting and stabbing pain between shoulder blades. Aggravated by daily activities, walking, posture and nocturnal pain.; medication; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had right sided electric shock burning sensation in neck going down to shoulder; Patient states pain is worse during the day and at times the skin there is red and inflamed and has sharp pains. Pt informs of neck pain area on and off for over a year; It is not known if there has been any treatment or conservative therapy.; Pain; Pain in neck area that has been going off and on for over a year, no injury Presents to the clinic today with c/o severe cervical to upper thoracic spine pain. She states that it is worse during the day and at times the skin there is red and inflam; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had back pain for several years. She manages her pain by treating with pain management and conservative therapy. She is now transferring care to a new pain management physician who requires an updated MRI to evaluate changes and possible new treatm; Prior to 2017; There has been treatment or conservative therapy.; Chronic pain in lumbar and thoracic region; Pt takes nsais and pain medication. She has tried physical therapy and home exercises in the past.; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	She has neck pain with numbness/tingling in fingers, and dysphagia, daily back pain. Pain radiates to front; Greater than 5 years; There has been treatment or conservative therapy.; She has neck pain with numbness/tingling in fingers, and dysphagia, daily back pain. Pain radiates to front; Pt has went to orthopedist and saw general surgeon;;Anti-inflammatory;Muscle Relaxer;Heat/Ice ;Home exercises; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	SHE IS NEEDING TO SEE A NUEROSURGERY ON APRIL 2 AND THEY NEED NEW MRI'S; 03/25/2019; There has been treatment or conservative therapy.; DDD L; HEAT, PAIN MEDICINE SINCE 2019; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; Had MVA 10/15. Has been having pain in upper back. Some pain into shoulders and arms.has more pain in upper back when driving. Has not responded to conservative treatment of more than 6 weeks. Has been having more pain in lower right back. Will radiate	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Document exam findings>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; MS ++ tenderness left scapula area, br Reflexes 2++ bilat, smcs intact all extrem, radial pulse 2++ bilat, rom	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; PT loses control over her body, chronic pain, getting worse, pain @ lower back (longer than year), undergone more than 8 weeks of PT no improvements, pain worsening. paresthesia, radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Will upload clinicals	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Document exam findings	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Patient also reports he is having some numbness to his hands both of them that also comes and goes and he does have some neck pain at times.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; one year; There has been treatment or conservative therapy.; Pain; NSAsteroids home exercises; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	will fax clinical; will fax clinicals; It is not known if there has been any treatment or conservative therapy.; will fax clinicals; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	will fax records; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 04/16/2020; There has been treatment or conservative therapy.; History of cervical and lumbar spinal stenosis and history of diffuse DDD with radicular symptoms. Chronic pain; OTC medication. Pt unable to take NSAIDS.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 09/11/2020; There has been treatment or conservative therapy.; Rectal bleeding, abdominal pain, bladder spasms, intense pain, lower back pain; medication; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; CHRONIC NECK, THORACIC AND LUMBAR PAIN. WAS HIT BY A CAR 11/02/2020 AND CONTINUES TO HAVE PAIN. EMG DONE. XRAY'S DONE.; HAS BEEN TO PHYSICAL THERAPY. TAKING NSAIDS AND TYLENOL AS NEEDED. IS BEING REFERRED TO NEUROSURGEON. NEEDS MRI PRIOR; There has been treatment or conservative therapy.; Neck: trachea midline and tender (Tenderness to paraspinal musculature on posterior cervical musculature.; Aggravation of pain on range of motion -worse with turning head to left, tilting head to right, any rotation movement, and extension of neck.; limi; PHYSICAL THERAPY, NSAIDS AND TYLENOL; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 03/07/2021; There has been treatment or conservative therapy.; CONSTANT SHARP SHOOTING, STABBING PAIN IN LEFT HIP AND LOW BACK PAIN. UNABLE TO WALK.; PRESCRIPTION MEDICATION, WHEELCHAIR, COMPRESSION STOCKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 years ago; There has not been any treatment or conservative therapy.; low back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic Pain; There has been treatment or conservative therapy.; Back, Neck, and Knee Pain; Physical Therapy and nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/2/20; There has been treatment or conservative therapy.; PAIN; 12/2/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; UNK--CHRONIC--WORSENING SINCE WORKING; There has been treatment or conservative therapy.; BACK AND NECK PAIN; FLEXERIL; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; CHRONIC NECK PAIN. SHE HAS SOME OCCASIONAL RADIATION OF PAIN OVER HER ARMS. HAS OCCASIONAL NUMBNESS AND TINGLING; pain mgmt. w/ White River;gabapentin, NSAIDS; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Complaints of acute on chronic back pain. No pain medication in last 3 months. Not under pain contract. 9/10 scale at times. ;Needs psych medication refills. Was on combo of zolof, abilify, buspar;Agreeable to labs today.; 12/20/2020; There has been treatment or conservative therapy.; Has had previous neck surgery and feels like plates are moving. Unable to turn head from side to side.; cervical and lumbar surgery cyclobenzaprine; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	continued pain; This study is being ordered for trauma or injury.; pain since MVA in Sept. 2020; There has been treatment or conservative therapy.; bilateral hip pain and leg pain; pain medication and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 12/17/2004; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given see clinic; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Pain vertigo incontinence fusion in ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/05/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given seroid injections, oral meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Fracture.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/21; There has not been any treatment or conservative therapy.; PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	no; 8/2020; There has been treatment or conservative therapy.; neck and low back pain and Paresthesia and neuropathy; 6 weeks of physical therapy - was no help; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has also tried a hip brace to see if that helps with her back pain etc.; This study is being ordered for a neurological disorder.; Started in November 2020. Has a history of mass of right maxillary sinus. Suppose to monitor as it may be cancerous.; There has been treatment or conservative therapy.; Back - Right upper leg pain down to her knee. Balance loss and frequent falls due to her leg giving out. Burning pain.;;Sinus - nosebleeds, NO headaches; When the patients back pain began in November she received a steroid injection. Over the counter NSAIDS and heating pad helps and the steroid shot did NOT help.;;On her CT of sinus we have requested records of previous CTs. Last CT stated to follow up a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had injections; sept 15 2020; There has been treatment or conservative therapy.; Patient has neck headache dizziness; patient has had INSED 6 weeks HEP; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had back pain for several years. She manages her pain by treating with pain management and conservative therapy. She is now transferring care to a new pain management physician who requires an updated MRI to evaluate changes and possible new treatm; Prior to 2017; There has been treatment or conservative therapy.; Chronic pain in lumbar and thoracic region; Pt takes nsoids and pain medication. She has tried physical therapy and home exercises in the past.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	SHE IS NEEDING TO SEE A NUEROSURGERY ON APRIL 2 AND THEY NEED NEW MRI'S; 03/25/2019; There has been treatment or conservative therapy.; DDD L; HEAT, PAIN MEDICINE SINCE 2019; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	19 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above	15 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; Imaging is NOT being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; It is unknown when the pain started	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Cauda Equina Syndrome is documented	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Foot Drop is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; It is unknown when the pain started; Continue	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?;	Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record;	Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Continue	Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening;	Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; Continue		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 12/28/2020; There has been treatment or conservative therapy.; pain , numbness, tingling in extremities; physical therapy, pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	transient episodes of weakness in legs that have resulted in falls. Pt is unable to verbalize whether she is fully losing sensation in legs, however, she is unable to walk during these events and falls.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unable to be controlled with steroids, NSAIDs, and narcotic medication. ; Neurosurgeon has requested additional scans to be performed. ; I've ordered MRI but it has been refused by patients insurance.; Pt sits before me in pain. Is re; L5-s1 disc bulge and foraminal narrowing seen on MRI in 2019. Pain worsening.; It is not known if there has been any treatment or conservative therapy.; L5-s1 disc bulge and foraminal narrowing seen on MRI in 2019. Pain worsening.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; chronic pain, with worsening symptoms in the past year; There has been treatment or conservative therapy.; chronic low back and neck pain; Patient has long term spinal stenosis with previous injections and therapy; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; one year; There has been treatment or conservative therapy.; Pain; NSAsteroids home exercises; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will fax clinical; will fax clinicals; It is not known if there has been any treatment or conservative therapy.; will fax clinicals; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. ; There has been treatment or conservative therapy. ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pelvic pain in female; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	transient episodes of weakness in legs that have resulted in falls. Pt is unable to verbalize whether she is fully losing sensation in legs, however, she is unable to walk during these events and falls; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 years ago; There has not been any treatment or conservative therapy.; low back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain, stiffness, swelling,; pain medications, injection, analgesics, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	3/5/2021 CT Renal Cryo Ablation Percutaneous ;IMPRESSION;;Status post cryoablation and biopsy of nodule involving the upper pole;of the left kidney. A follow-up MRI scan with gadolinium would be;recommended in one month, three months, six months and o; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2019; There has been treatment or conservative therapy.; Kidney lesion;H/O prior ablation treatment; H/O prior ablation treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Abnormal CT SCAN;There is an enlarging and heterogeneous mass of the left adrenal;gland. It is not certain if this relates to an adenoma. Reevaluation;of this with MRI with and without IV contrast is recommended. concern for an;adrenal malignancy or m; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Chronic coccygeal pain and;Left sacral radiculopathy; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX INFO; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	transient episodes of weakness in legs that have resulted in falls. Pt is unable to verbalize whether she is fully losing sensation in legs, however, she is unable to walk during these events and falls.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 11/2020; There has been treatment or conservative therapy.; pain and unable to hold heavy objects and weakness with sensation of a mass; Anti-inflammatory medication, compression sleeve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; September 2020; There has been treatment or conservative therapy.; cannot lift arm past chest level, losing strength and dropping things all the time. h/o c4-5 fusion 4-5 years ago with concern of further injury d/t trauma.; has underwent physical therapy and prescriptions to help with pain and discomfort; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	affected area warm to touch; This study is being ordered for Inflammatory/ Infectious Disease.; initial date of onset 12/22/2020; There has been treatment or conservative therapy.; pain, swelling; pain meds given for gout but unable to relieve pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given physical therapy . medication., One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/05/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given seroid injections, oral meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 11/2020; There has been treatment or conservative therapy.; pain and unable to hold heavy objects and weakness with sensation of a mass; Anti-inflammatory medication, compression sleeve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt fell 2 weeks ago; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PT HAD A FALL A FEW WEEKS AGO AND MAY HAVE BRUISED OR BROKEN HER WRIST.SHE IS TO WEAR A SPLINT FOR 14 DAYS. TAKING IBUPROFEN.;XRAY NO ACUTE PROCESS; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; It is not known if the physician has directed a home exercise program for at least 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ROM exercises;Steroids;NSAID's;Analgesics;Heat therapy; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	17 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The patient has not completed 4 weeks of physical therapy?; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2020; There has been treatment or conservative therapy.; PAIN LEFT SHOULDER LEFT KNEE PAIN; IBUPROFEN PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021	
							; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic Pain; There has been treatment or conservative therapy.; Back, Neck, and Knee Pain; Physical Therapy and nsaid;		
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021	
							This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes		
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021	
							This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes		
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021	

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 03/07/2021; There has been treatment or conservative therapy.; CONSTANT SHARP SHOOTING, STABBING PAIN IN LEFT HIP AND LOW BACK PAIN. UNABLE TO WALK.; PRESCRIPTION MEDICATION, WHEELCHAIR, COMPRESSION STOCKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain, stiffness, swelling.; pain medications, injection, analgesics, home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; problem in bil feet	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	CERVICALGIA;LUMBAR RADICULOPATHY; This study is being ordered for a neurological disorder.; 2 MONTHS AGO; There has been treatment or conservative therapy.; INCREASED PAIN IN BOTH KNEES; MEDICATION AND INJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	continued pain; This study is being ordered for trauma or injury.; pain since MVA in Sept. 2020; There has been treatment or conservative therapy.; bilateral hip pain and leg pain; pain medication and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 2/7/2021; There has been treatment or conservative therapy.; Pain and swelling in the right foot; OTC Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	stress fracture suspected, neg xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is NOT a scheduled date with an orthopedic specialist	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is NOT a scheduled date with an orthopedic specialist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2020; There has been treatment or conservative therapy.; PAIN LEFT SHOULDER LEFT KNEE PAIN; IBUPROFEN PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 02/08/21; There has not been any treatment or conservative therapy.; chronic pain and low range of motion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Will upload clinicals.; Is this a request for one of the following? MR Angiogram lower extremity	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 4 yrs ago; There has not been any treatment or conservative therapy.; abdominal pain, sob an edema and burning sensation in chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Lab values have not revealed a cause for either symptoms and conservative measures have not relived any symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Abdominal pain, chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	shortness of breath, upper quad pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Epigastric abdominal pain; There has been an abnormal finding on physical exam.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	01/12/2021; There has been treatment or conservative therapy.; ; Medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Trauma / Injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	03/16/2021; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN AND CHANGE IN BOWEL HABITS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10/17/2020; There has not been any treatment or conservative therapy.; abdominal pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	11/10/2020; There has been treatment or conservative therapy.; Tear in diaphragm which is causing him to burp/belch. abdomen discomfort when standing; Pt was seen in 1/2021 and was referred for general surgery in correction of his right inguinal hernia cause discomfort. Pt was sch for surgery repair which was cancelled due to sneezing blew a vein in his arms Pt was experiencing tingling and numbing in a; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	14 days ago; It is not known if there has been any treatment or conservative therapy.; low grade fever 99.6 , chills, fatigue, and night sweats for the past 14 days.She reports that she was diagnosed with HSV 1 by GYN by blood test and vaginal swab.;She had a vaginal lesion which lasted for 2 days. Currently lesion is gone.;She reports ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/21/2021; There has not been any treatment or conservative therapy.; syncope collapse blackoutfacial flushingdizzinessheadach; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pt needs studies done .; This study is being ordered for Inflammatory/ Infectious Disease.; 1/1/2021; There has been treatment or conservative therapy.; abd pain, neck pain radiating into shoulders constant pain; pt has been given antibiotics, diet restriction for abd, stretching exercise for neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient has abdominal and lower extremity edema along with a history of Hep C .;Physician concerned of cirrhosis of liver; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Unknown; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	19 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	11 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	15 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Underwood,Murl G is a 76 y.o. year old male who presents to the hospital as 3 month follow up. He has not had an ER visit since he received the home oxygen. He is wearing as needed but wears anytime he becomes short of breath with improvement. He is wear; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; It is not known if there has been any treatment or conservative therapy.; Chronic Abdominal Pain, high blood pressure, Anxiety and headaches; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis ; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2009; There has been treatment or conservative therapy.; syncope, hemiparesis, hemiparalysis, confusion; Patient is currently on Plavix and has yearly ultrasounds for monitoring.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Calcium score of 1666;History of MI (date unknown) ;CTA Coronary requested to evaluate if further intervention required; This is a request for CTA Coronary Arteries.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	ct of the skull base to the thigh/head and neck ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; The patient has a lifetime risk score of greater than 20.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has not been any treatment or conservative therapy.; cough, dyspnea, edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	59 YR/OLD ASIAN FORMER SMOKER-JUST QUIT 01/29/2021. NO PREV. HX OF CAD. ELEVATED triglycerides 151. ratio chol/hdl=5, no diabetes. ;been having heart racing episodes that started 2 weeks;it was continual sensation if he was up walking around reaching fo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain 2 months worse with exertion causes of shortness of breath and dizziness advises this is something new for her advise daily aspirin. If her chest pain returns if she develops shortness of breath dizziness extremity weakness slurred speech seek; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CP - duration for a few months. L sided and radiates to LUE and L neck. Went to ED then too and MI was ruled out. Constant HA. Severe pain does not happen anymore but still there. No palpitations. Some dizziness. Father had MI in his 40's. 3wks ag; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	hist of htn, pre diabetes, hx of tia, hyperlipidemia, gerd, fatty liver disease, gets facial numbness, occasional headaches, CT of neck showed minimal cardiac disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	history of migraines always on the left side; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	SOB, Chest Pain, nausea, dizziness. Father passed away from CAD in his early 60's. chest pain when climbing multiple flights of stairs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 2 PET Scans have already been performed on this patient for this cancer; This study is being requested for Lung Cancer; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has not been any treatment or conservative therapy.; cough, dyspnea, edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 WEEKS AGO; There has not been any treatment or conservative therapy.; Associated symptoms include congestion, coughing, ear pain, headaches, a plugged ear sensation, rhinorrhea, sinus pain, sneezing, a sore throat and wheezing, ype In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	abnormal labs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a month localized swelling/murmurs since childhood1-22-21 visit date; There has been treatment or conservative therapy.; swelling mass or lump at the neck, uncontrolled hypertension.; prescription medication, heart program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Strongly advise to have patient perform MRI brain to further evaluate patient's bilateral ear tinnitus. Also, patient needs an echo cardiogram due to elevated blood pressure with strong family history of strokes.; This study is being ordered for Vascular Disease.; 12/01/2020; There has been treatment or conservative therapy.; Patient reports having ringing in her ear since December 2020; Patient has been treated with oral antibiotics and referred to ENT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; It is unknown if the EKG is considered abnormal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 13 - 23 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; enlarged heart may be the reason for cardiomyopathy.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Will upload clinicals; This study is being ordered for Inflammatory/ Infectious Disease.; Will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals.; Will upload clinicals.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	Pt was seen by urgent care 02/06/21 for abdominal pain. White blood count was elevated. Xray of abdomen was performed. CT of abdomen and pelvis was performed. CT showed cholelithiasis and nonobstructing right renal calculus. Patient was referred to Gastr; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.;" "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses.;" The patient does not have acute pancreatitis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		WILL FAX CLINICALS; This study is being ordered for a neurological disorder.; 03/25/2021; There has not been any treatment or conservative therapy.; DOUBLE VISSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Sinusitis chronic or recurrent; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Chronic (episode is greater than 12 weeks) best describes the sinusitis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; impaired cognition; ELSE> (system matched response); Reason: Else (system matched response)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Dementia vascular suspected; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	December 7, 2017 ; the patient had an mri abdomen w wo contrast to evaluate a liver lesion and to rule out hepatocellular carcinoma.; There has been treatment or conservative therapy.; Lymphadenopathy, chest or axilla ;Elevated erythrocyte sedimentation rate ;mediastinal LAD, abd pain, diarrhea, ventral hernia; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; mass seen on mri abdomen; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Bowel or bladder dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	December 7, 2017 ; the patient had an mri abdomen w wo contrast to evaluate a liver lesion and to rule out hepatocellular carcinoma ; There has been treatment or conservative therapy.; Lymphadenopathy, chest or axilla ;Elevated erythrocyte sedimentation rate ;mediastinal LAD, abd pain, diarrhea, ventral hernia; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Epigastric pain, sharp pain under diaphragm that radiates to the right or left side to flank.; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Orthopedic Surgery (non laparoscopic) is being performed; This case was created via RadMD.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	WILL FAX CLINICALS; This study is being ordered for a neurological disorder.; 03/25/2021; There has not been any treatment or conservative therapy.; DOUBLE VISSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; observation; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; mobility screening; 25; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RLL pulm nodule vs scar; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Geriatrics	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	metastatic lung cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; There has not been any treatment or conservative therapy.; milky and occasionally light bloody vaginal discharge. An EMB on 10/26 revealed a uterus that sounded to 9cm though the sample was poor. Pap smear returned ASCUS. She then had a D&C performed on 12/18 which showed endometrial currettings with de-different; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	11/16/2020; There has been treatment or conservative therapy.; LOCALIZED SWELLING MASS AND LUMP; SURGERY FOR VULVAR CANCER ON 11/16/20; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	12/16/2019; There has been treatment or conservative therapy.; Ms. Bales returns to clinic for evaluation of ovarian ca. Continues to take olaparib as prescribed. C/o interm bouts of n/v/d. Tells me zofran controls her nausea. Did however have episode of stool incontinence yesterday, rarely does this occur she st; Ms. Bales is being treated with Olaparib for the diagnosis of Ovarian Cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	metastatic lung cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Cervical lesion; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	pelvic mass seen on ct; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Uterine fibroid suspected ;Patient with pelvic mass in posterior cul-de-sac. Differential diagnosis of fibroid vs tumor; This is a request for a Pelvis MRI; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has not been any treatment or conservative therapy.; milky and occasionally light bloody vaginal discharge. An EMB on 10/26 revealed a uterus that sounded to 9cm though the sample was poor. Pap smear returned ASCUS. She then had a D&C performed on 12/18 which showed endometrial currettings with different; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	03/21/2021; There has been treatment or conservative therapy.; Pelvic tenderness and possible chest wall mass; Biopsy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	11/16/2020; There has been treatment or conservative therapy.; LOCALIZED SWELLING MASS AND LUMP; SURGERY FOR VULVAR CANCER ON 11/16/20; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/16/2019; There has been treatment or conservative therapy.; Ms. Bales returns to clinic for evaluation of ovarian ca. Continues to take olaparib as prescribed. C/o interm bouts of n/v/d. Tells me zofran controls her nausea. Did however have episode of stool incontinence yesterday, rarely does this occur she st; Ms. Bales is being treated with Olaparib for the diagnosis of Ovarian Cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	metastatic lung cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Neoplasm: cervix ;cervical carcinoma, h/o bladder cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		Neoplasm: cervix ;cervical carcinoma, h/o bladder cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	03/21/2021; There has been treatment or conservative therapy.; Pelvic tenderness and possible chest wall mass; Biopsy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	abnormal exam. has 2-3 cm fluid pocket connected to the vaginal wall; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Gynecologic Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Malignant neoplasm of esophagus, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Malignant neoplasm of left ovary, Secondary malignant neoplasm of retroperitoneum and peritoneum, Soft tissue disorder, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		RESTAGING CANCER, TUMOR EVALUATION; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		surveillance known renal cell f/u treatment. also new symptoms sore throat difficulty swallowing; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	17 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Frequent nose bleeds; Reason: else (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Continued evaluation and management of lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Invasive squamous cell carcinoma, keratinizing, moderately differentiated; TONSIL CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Malignant neoplasm of esophagus, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Malignant neoplasm of left ovary, Secondary malignant neoplasm of retroperitoneum and peritoneum, Soft tissue disorder, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	OROPHARYNGEAL CANCER RE-STAGING POST XRT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	RE-STAGING CANCER, TUMOR EVALUATION; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI., The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	surveillance known renal cell f/u treatment. also new symptoms sore throat difficulty swallowing; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	20 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; fatigue, mild pain around the PEG; Reason: else (system matched response); The size of the mass has NOT increased in the last 30 days.; The results of the biopsy confirm cancer/malignancy.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via BBL.; blood disorder; Reason: else (system matched response); It is unknown if the size of the mass increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; It is unknown if the patient has known or a suspicion of cancer or metastatic disease.; There is a known abscess or suspicious infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Follicular lymphoma with cervical lymphadenopathy; Reason: else (system matched response); The size of the mass has NOT increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PATIENT HAS COLON CANCER; Reason: else (system matched response); It is unknown if the size of the mass increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via BBL.; cancer of the neck; Reason: else (system matched response); The size of the mass increased in the last 30 days.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Disorder of lung (disorder) * (C34.11),Laryngeal cancer, supraglottis (C10.1);Order Instructions;;new right neck pain; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; neck mass SCCa; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; neck mass, SCCa; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; HX OF LARYNGECTOMY, TOTAL; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Hx of malignant Neoplasm of the head and neck; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; hx tonsil cancer; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Leukemia; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; mandible cancer; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; RE-STAGING CHRONIC LYMPHOCYTIC LEUKEMIA B-CELL; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation of osteoma of skull.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	for evaluation of recurrent metastatic breast cancer with skin metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	is on active treatment with stage 4 cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Lung Cancer / Restaging; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	metastatic breast cancer hip/bone pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	mri brain with and without contrast needed for headache and history of leiomyosarcoma, eval for mets.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has a diagnosis of metastatic melanoma with mets to lymph nodes, lung and liver. Patient now has recent onset of headaches. Suspecting brain metastasis.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Personal history of malignant neoplasm of ovary; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PET CT for new diagnosed renal cell carcinoma;;MRI of the Brain to rule out metastatic disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Squamous cell lung cancer;Dementia without behavioral disturbance, unspecified dementia type.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	33 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	To rule out metastatic disease; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	01/08/1921; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	48 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	43 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	abn findings of the lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	abnormal CT; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	ASSESS THYOMA; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Assess treatment response for non small cell lung cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Continued evaluation and management of lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT LUNG SCREENING CT CHEST DONE 12/28/20 SHOWED MULTIPLE NEW NONCALCIFIED PULMONARY NODULES, LUNG RADS CATEGORY 4B.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	elevated alk phos, ferritin, drenching night sweats; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enlarged lymph nodes, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	history of lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Invasive squamous cell carcinoma, keratinizing, moderately differentiated; TONSIL CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Lung Mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	MULT NODULES,**CCC PT**;"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	OROPHARYNGEAL CANCER RE-STAGING POST XRT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient continues to have some mild-moderate dysphagia, dyspnea and some hoarseness at times which she would like resolved. She is also having some increased back pain & upper swelling of her neck, face and arm recently. She has seen Arkansas Heart Hospit; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient with adenocarcinoma of the colon with 6mm noncalcified right middle lung nodule per 12/4/20 CT scan concerning for metastatic disease. Follow up recommended to evaluate growth, stability or resolution recommended.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Personal history of malignant neoplasm of ovary; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	PREVIOUS NODULE CHEST CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING CANCER, TUMOR EVALUATION; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	SCREENING CT COMPLETED ON 08/17/2020, 6 MONTH FOLLOW UP. 6MM RIGHT LOWER LOBE NODULE; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Stable appearing peripherally calcified septated anterior mediastinal mass, probably most likely related to some sort of thymic pathology.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Surveillance for patient dx: Large B-Cell Lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	surveillance known renal cell f/u treatment. also new symptoms sore throat difficulty swallowing; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	40 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	54 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	169 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	47 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Tuberous Sclerosis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Two stable groundglass opacities within left upper lobe; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	We will also obtain CT of the chest to evaluate for shortness of breath, and to determine the extent of emphysema. We also wish to rule out any lung malignancy due to history of chronic smoking.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	will fax additional info; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	metastatic breast cancer hip/bone pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	severe back pain; severe back pain; It is not known if there has been any treatment or conservative therapy.; severe back pain; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	severe back pain; severe back pain; It is not known if there has been any treatment or conservative therapy.; severe back pain; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.;" This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	3 T MRI pelvis for sizing, location and treatment planning for locally recurrent disease; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Prostate cancer suspected; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA≥ 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); liver mets 6-25-20; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); You are required to insert a reason hThere is increasing size of the mass in segment 5/6 of right lobe of the liverere; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Cannot agree/affirm; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/08/1921; There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Continued evaluation and management of lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with splenomegaly with left upper quadrant abdominal pain for 2 months.; There has been treatment or conservative therapy.; Per 2/11/21 ABD US: Pancreas within normal limits. Abdominal aorta normal in caliber. No focal hepatic abnormality. IVC patent in its visualized segment. Right kidney normal in size and echogenicity with no hydronephrosis. Hepatopetal flow in the portal v; US revealed splenomegaly. Pancreas within normal limits. Abdominal aorta normal in caliber. No focal hepatic abnormality. IVC patent in its visualized segment. Right Kidney normal in size and echogenicity with no hydronephrosis. Hepatopetal flow in the po; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING CANCER, TUMOR EVALUATION; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Surveillance for patient dx: Large B-Cell Lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	38 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	54 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	168 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	42 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Comparison to Last Ct Abdomen Pel w/wo scan; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); This is for staging; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Superior mesenteric vein thrombosis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); LIVER LESIONS; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); new abd pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Bilateral hydronephrosis; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Cancer of kidney; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Diffuse large B-cell lymphoma, extranodal and solid organ sites; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); elevated LFTs; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); GIST (gastrointestinal stroma tumor), malignant, colon; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); HEPATOMEGALY; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); INITIAL STAGING:DX: NSCLC-SQUAM; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Lung CA, re-staging scans; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pancreatic cyst; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); R Renal Mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RE-STAGING MELANOMA; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Reassessing bladder cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Recurrent DVT; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is known or suspicion of Vascular disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); s/p open ileal conduit revision and reimplant of bilateral ureters. POSSIBLE PREPROCEDURAL IMAGING; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Surveillance; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); treatment response; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Tuberous Sclerosis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; It is unknown if there is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	; This is a request for an MRI Bone Marrow.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Restaging of Multiple Myeloma; This is a request for an MRI Bone Marrow.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; chemo	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Pre stem cell boost	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; receiving cardiotoxic chemotherapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; MEASURE LVEF OF PT RECEIVING CARDIO TOXIC CHEMO	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; Staging prior to receiving high dose chemotherapy and prior to receiving a Stem Cell Transplant.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; staging for high dose chemotherapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Starting cardio-toxic chemotherapy-- STAT before starting chemo	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	for assessment of metastatic lung cancer on chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	for evaluation of recurrent metastatic breast cancer with skin metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	is on active treatment with stage 4 cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	PET CT for new diagnosed renal cell carcinoma;;MRI of the Brain to rule out metastatic disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Squamous cell lung cancer;Dementia without behavioral disturbance, unspecified dementia type.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer; This study is being requested for Lung Cancer; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	cancer diagnosis having chemotherapy hard on heart increase shortness of breath , bilateral lower extremity edema., This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CARDIOTOXIC TREATMENT; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient has had cancer treatments that can effect cardiac function and the provider is wanting the patient evaluated for this.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	patient recently diagnosed with Burkitt lymphoma and will require cardiotoxic chemotherapy next week so an echocardiogram is needed to evaluate the ventricular function prior to starting chemotherapy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enlarged lymph nodes, unspecified; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	for assessment of metastatic lung cancer on chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1/12/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/13/2021 TREATED FOR ABNORMAL LABS BY ELIZABETH REINHARD, APRN IN CONWAY, AR WHO TREATED THIS PATIENT FOR ANEMIA W/VITAMIN B12 DEFICIENCY, HYPERTENSION, MYOSITIS, DYSTHYMIC DISORDER AND HYPERLIPIDEMIA. INITIAL TREATMENT BY DR. HALL WAS 3-18-2021. INIT; There has been treatment or conservative therapy.; Malaise and night sweats; ADJUSTED MEDICATIONS AND BEGAN VITAMIN B12 INJECTIONS. HCTZ WAS ADDED FOR BLOOD PRESSURE, REFERRED FOR RHEUMATOID ARTHRITIS CONSULT. LOW FAT DIET ENCOURAGED REGULAR EXERCISE AND WEIGHT MANAGEMENT. REFER TO HEMATOLOGIST ON 2-13, SEEN ON 3-18-2021.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	12/29/2020; There has not been any treatment or conservative therapy.; Fever, leg pain, knee pain, ankle pain, foot pain; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with splenomegaly with left upper quadrant abdominal pain for 2 months.; There has been treatment or conservative therapy.; Per 2/11/21 ABD US: Pancreas within normal limits. Abdominal aorta normal in caliber. No focal hepatic abnormality. IVC patent in its visualized segment. Right kidney normal in size and echogenicity with no hydronephrosis. Hepatopetal flow in the portal v; US revealed splenomegaly. Pancreas within normal limits. Abdominal aorta normal in caliber. No focal hepatic abnormality. IVC patent in its visualized segment. Right Kidney normal in size and echogenicity with no hydronephrosis. Hepatopetal flow in the po; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	He is for the follow of locally advanced RCC and a solitary pulmonary metastasis which was resected. He received Cabometyx 60 mg daily until 5 weeks ago when it was held to to grade 2-3 palmer / planter erythema with large blisterous lesions but ulceratio; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Prostate cancer suspected; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	1/12/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown if No Info Given The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	02/13/2021 TREATED FOR ABNORMAL LABS BY ELIZABETH REINHARD, APRN IN CONWAY, AR WHO TREATED THIS PATIENT FOR ANEMIA W/VITAMIN B12 DEFICIENCY, HYPERTENSION, MYOSITIS, DYSTHYMIC DISORDER AND HYPERLIPIDEMIA. INITIAL TREATMENT BY DR. HALL WAS 3-18-2021. INIT; There has been treatment or conservative therapy.; Malaise and night sweats; ADJUSTED MEDICATIONS AND BEGAN VITAMIN B12 INJECTIONS. HCTZ WAS ADDED FOR BLOOD PRESSURE, REFERRED FOR RHEUMATOID ARTHRITIS CONSULT. LOW FAT DIET ENCOURAGED REGULAR EXERCISE AND WEIGHT MANAGEMENT. REFER TO HEMATOLOGIST ON 2-13, SEEN ON 3-18-2021.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	12/29/2020; There has not been any treatment or conservative therapy.; Fever, leg pain, knee pain, ankle pain, foot pain; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); CHRONIC LIVER ABDNORMALITY; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); BLADDER CANCER, MUSCLE INVASIVE; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; It is unknown if there is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; It is not known if the patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; Chemotherapy patient, assess LV function	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; plan use of cardio toxic chemotherapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hospital	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via BBI; swelling of face and lymphadenopathy of neck; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is a known abscess or suspicious infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hospital	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Hospital	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hospital	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hospital	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Hospital	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Industrial Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	cervical lymphadenopathy, recent chest pains with exertion, having shortness of breath, venous insufficiency; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; streptococcus pneumoniae; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is a Medicare member.; The patient has Dermatoma sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material	Faxing records; This study is being ordered for Inflammatory/ Infectious Disease.; Pt recently moved here from out of state. First saw Dr. Bandy on 10/27/2021 and had been on antibiotics for this condition prior to.; There has been treatment or conservative therapy.; Pain and drainage from feet.; Weeks of antibiotics both oral and per pic line.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Liver abscess; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Sending in clinicals; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Recurrent UTI; This case was created via RadMD.; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Faxing records; This study is being ordered for Inflammatory/ Infectious Disease.; Pt recently moved here from out of state. First saw Dr. Bandy on 10/27/2021 and had been on antibiotics for this condition prior to.; There has been treatment or conservative therapy.; Pain and drainage from feet.; Weeks of antibiotics both oral and per pic line.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Infectious Diseases	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Suspicion of infection was noted as an indication for knee imaging	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation., Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	patient has Jaw pain; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; RHINORRHEA, CONGESTION, PRESSURE; Reason: else (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via BBL; for 2 months experiencing symptoms bruising to right eye tried antibiotics with no improvement, drainage is starting to smell foul; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Chronic (episode is greater than 12 weeks) best describes the sinusitis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; chronic sinusitis; Reason: Sinusitis (system matched response); This is a request for known or suspected sinusitis.; Chronic (episode is greater than 12 weeks) best describes the sinusitis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	history of sarcoidosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient has large mass on right side of neck and ear. Having bloody discharge x2 days.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; review lymphadenopathy, lipoma, or neoplasm; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; NECK MASS; Reason: Neck lump or mass (system matched response); The size of the mass increased in the last 30 days.; Agree	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had ER visit 2/16 for TIA, followed up with office on 2/22. Complaint of TIA, HTN, and weakness; There has been treatment or conservative therapy.; TIA, HTN, weakness; Blood pressure medications, HCTZ 12.5 mg cap. 1 cap po daily for 20 days. prescribed by ER physician; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	sudden vision loss; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had ER visit 2/16 for TIA, followed up with office on 2/22. Complaint of TIA, HTN, and weakness; There has been treatment or conservative therapy.; TIA, HTN, weakness; Blood pressure medications, HCTZ 12.5 mg cap. 1 cap po daily for 20 days. prescribed by ER physician; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2018; There has not been any treatment or conservative therapy.; swelling in left leg muscle weakness history of hematoma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; new onset of headache, weakness, dizziness, and presyncope, immunocompromised patient; ELSE (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Agree; Chronic headaches, longer than one month describes the headache's character; BLURRY VISION; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; ; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; dizziness; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; fall Dec. 2020. hit left side of head. still with vertigo; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; partial seizure; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; patient had a cerebral vascular accident; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; pt has been having loss of balance, dizziness. She has a history of a brain bleed; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; vision loss; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for None of the above; This is being requested for Loss of smell - 'anosmia'; SummaryEdit EncounterFULL ENCOUNTER SUMMARY;any 15, 02-12-2021;Headaches;Performed by Homer Kevin Beavers, MD, Internal Medicine, (479) 968-2345;Reason for Visit;smells smoke all the time;headaches.;Assessment & Plan;sense of smell altered;Discuss; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: TIA (stroke) (system matched response); Agree; transient ischemic attack	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	2/7/2020;Redemonstration and no significant interval change in 9 mm nodule;lower lobe with surrounding small satellite nodules, which is favored;to represent an area of scarring versus granulomatous sequela.;Fleischner criteria guidelines do not provi; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	9/4/2020; There has been treatment or conservative therapy.; Abdominal pain, Anemia, SOB; Currently seeing a rheumatologist; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	01112021; There has been treatment or conservative therapy.; muscle weakness, pain, unintended weight loss,; labs, xray, medication(NSAID's),; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	An 8 mm pulmonary nodule in the right upper lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CHEST TIGHTNESS, CHEST PAIN, ARTHRALGIAS, AND ABNORMAL PFT WITH DECREASED DLCO; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Ct needs to be done to confirm the lung mass that a xray showed 6/2020; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	history of sarcoidosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung opacity, lung opacities; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule and COPD; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Restaging images after 2 cycles of carboplatin/paclitaxel to determine treatment response.; There has been treatment or conservative therapy.; determine treatment response; 2 cycles of carboplatin/paclitaxel; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; lung nodules; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is 78 years old or older.; Yes this is a request for a Diagnostic CT ; Shortness of breath. Lung nodule.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Lung cancer annual screening; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; COPD, SEVERE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; pneumonia and possible pulmonary nodule in her chest.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; You are required to insert a reason here Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; abnormal chest x-ray; Reason: Abnormal imaging (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; DIFFUSE SCATTERED INFILTRATES UNCHANGED 2WKS; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Dyspnea, chronic; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; enlarged lymph nodes right hilar; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Fever, unspecified reason; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; HOARSENESS, TOBACCO USE, COPD; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Interstitial lung disease; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Interval F/U of MRSA pneumonia and loculated effusions related to rib fractures, and some body wall abscesses; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung cancer; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; LUNG MASS; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).; Agree	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; MAI (mycobacterium avium-intracellulare) infection;Hashimoto's thyroiditis; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient is experiencing chest pain that cannot be completely ruled out by cardiac-induced.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PLEURAL EFFUSION; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pneumonia, effusion or abscess suspected, xray done; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; pt is current smoker need to rule out mass due to xray shows soft tissue thickening and confluence of vascular shadows, need to exclude mass.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; supraclavicular mass; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; this is a followup for a lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; to re-eval lung nodule of right middle lobe; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax, without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD; follow up lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is between 50 and 80 years old; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	diaphragmatic paralysis; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; chronic pain, discomfort in right lower bilateral buttock, sciarieal, discomfort in right lower buttock.; medications, joint injections, pain management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; LOW BACK PAIN WITH SCIATICA, ABD XRAY; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	none; 1/2021; There has been treatment or conservative therapy.; back pain , neck pain and pain in rt arm; Steroid Injections; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal column) describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	none; 1/2021; There has been treatment or conservative therapy.; back pain , neck pain and pain in rt arm; Steroid Injections; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2018; There has not been any treatment or conservative therapy.; swelling in left leg muscle weakness history of hematoma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	hand and wrist for further evaluation for possible surgery believe he has significant flexor tenosynovitis which will likely warrant surgical intervention urgency.; This study is being ordered for Inflammatory/ Infectious Disease.; with Lance of continued right v 2 months. He has tried wearing a splint with no improvement. His swelling is steadily worsening and painful for him.;Distal volar forearm and wrist focal swelling along the flexor tendons with ballotable feeling and tender; There has been treatment or conservative therapy.; continues to have significant pain and swelling along the volar asl believe he has significant flexor tenosynovitis which will likely warrant surgical intervention at a later date. The patient needs to undergo an MRI of the hand and wrist for further eval; He has had therapy. Wearing splint. Medication for pain. Xray an;X-ray interpretation;;3 views: PA, lateral and oblique of the right wrist and hand were obtained. These show moderate degenerative changes at the distal radioulnar joint as well as the th; One of the studies being ordered is NOT a Breast	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is a scheduled date with an orthopedic specialist; 1; Weeks until ortho consult is 0-12 (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal ultra sound imaging; This case was created via BBI.; it is unknown if there has been an abnormal finding on physical exam.; The study is being ordered for acute pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); disease of liver; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01112021; There has been treatment or conservative therapy.; muscle weakness, pain, unintended weight loss.; labs, xray, medication(NSAID's); The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	one month ago; There has been treatment or conservative therapy.; weight loss, hematuria, cough, confusion; Patient has been treated with abx, cough medication and inhalers.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging images after 2 cycles of carboplatin/paclitaxel to determine treatment response.; There has been treatment or conservative therapy.; determine treatment response; 2 cycles of carboplatin/paclitaxel; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain hernia; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal ultrasound imaging; This case was created via BBI.; It is unknown if there has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); FATTY LIVER; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); gastroenteritis or colitis suspected; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); HEMATOCHYZIA, BLOATING, CRAMPS, BLOOD IN STOOL; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Other chronic pain; There has been an abnormal finding on physical exam.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); possible kidney stone; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); right lower quad pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RULE OUT TUMOR/ADHESION. PT HX OF CHOLECYSTECTOMY 35 YEARS AGO. PT HAS RUQ,RLQ EPIGASTRIC TENDERNESS; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); SUSPECTED STONE DISEASE; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain, weight loss; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Interval F/U of MRSA pneumonia and loculated effusions related to rib fractures, and some body wall abscesses; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient has Hematuria; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); ABDOMINAL PAIN; This case was created via RadMD.; There has been an abnormal finding on physical exam., The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); HEMATURIA; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Renal calculi, kidney or ureteral stone; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/06/2021; There has not been any treatment or conservative therapy.; shortness of breath and chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient is status post CABG, has CAD, hypertension, patient needs NST.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Orthopedic Surgery (non laparoscopic) is being performed; This case was created via RadMD.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had ER visit 2/16 for TIA, followed up with office on 2/22. Complaint of TIA, HTN, and weakness; There has been treatment or conservative therapy.; TIA, HTN, weakness; Blood pressure medications, HCTZ 12.5 mg cap. 1 cap po daily for 20 days. prescribed by ER physician; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure.; This is for the initial evaluation of heart failure.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	13 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Patient is waiting to see a gastroenterologist who requested that he has this exam prior to evaluation. He requested that patient's PCP complete the PA.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	study to r/o cancer; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Patient has large mass on right side of neck and ear. Having bloody discharge x2 days.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Sinusitis, chronic or recurrent; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	patient had swollen lymph nodes in physical exam by Dr. Reddy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; ringing in ears, face gets hot; ; headaches on and off; hair loss; dizziness, brain fog, blurry vision, jumpy; tingling in back and shoulder; stiff neck and burning sensation; weak and tired all the time.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	02/25/2021; There has been treatment or conservative therapy.; Unable to move right arm and raise it. She has no arm strength and extremity weakness.; Physical therapy; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	09/10/2020; There has been treatment or conservative therapy.; cervical pain, arthralgia's, myalgia, oral medications, doctor prescribed physical exercises for more 6 weeks; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Back pain associated with peripheral numbness, progressive neurologic deficit; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	RO MASS, TUMOR, PINCHED NERVE, DISC HERNIATION. DISC DISLOCATION. HEADACHES WORSENE. PAIN WAKES HER UP IN SLEEP.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The chatacter of the headache is unknown.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; memory difficulty; ELSE>; (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal X-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 02/04/2021; There has been treatment or conservative therapy.; Fever; Regimen of medicine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	one month ago; There has been treatment or conservative therapy.; weight loss, hematuria, cough, confusion; Patient has been treated with abx,cough medication and inhalers.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient had swollen lymph nodes in physical exam by Dr. Reddy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; ringing in ears, face gets hot; ; headaches on and off; hair loss; dizziness, brain fog, blurry vision, jumpy; tingling in back and shoulder; stiff neck and burning sensation; weak and tired all the time;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has lymphadenopathy chest axilla, supraclavicularadenopathy , shortness of breath; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAD A CT ABDOMIN/PELVIS DONE 03/19/2021, A INCIDENTAL FINDING OF NONCALCIFIED 7 AND 8 mm LUNG BASE NODULES.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Screening for Lung Cancer; Reason: else (system matched response); Reason: Screening for Lung Cancer (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; He does have a history of multiple lung nodules and he currently uses tobacco so he is at high risk for lung cancer specifically and possibly other related cancers such as colon cancer; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.; thoracic aneurysm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if there are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);; This request is for Not listed above; This request is for Chest pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	neck pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient needs further evaluation of neck pain to determine treatment plan; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT FELL; This study is being ordered for trauma or injury.; 12-27-2020; There has not been any treatment or conservative therapy.; Emergency Dept Visits; Emergency Dept Visits Date of Admission? 12/27/2020, Type of Outpatient Facility Emergency Room , Which Hospital? Baxter Reg med center, Notified of Visit within 72 hours? Yes, Followup Phone Call within 72 hrs of ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	shoulder pain down right arm , decreased range motion secondate to pain, not relieved by nsaid , heat or ice; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; chronic pain, discomfort in right lower bilateral buttock, sciarieal, discomfort in right lower buttock.; medications, joint injections, pain management,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT FELL; This study is being ordered for trauma or injury.; 12-27-2020; There has not been any treatment or conservative therapy.; Emergency Dept Visits; Emergency Dept Visits Date of Admission? 12/27/2020, Type of Outpatient Facility Emergency Room , Which Hospital? Baxter Reg med center, Notified of Visit within 72 hours? Yes, Followup Phone Call within 72 hrs of ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	02/25/2021; There has been treatment or conservative therapy.; Unable to move right arm and raise it. She has no arm strength and extremity weakness.; Physical therapy; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	09/10/2020; There has been treatment or conservative therapy.; cervical pain, arthralgia's, myalgia; oral medications, doctor prescribed physical exercises for more 6 weeks; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic back pain with sciatica and signs of radiculopathy. Will obtain lumbar MRI. Encouraged her that there are low-key desk jobs that she should look for. ;Bilateral hand numbness is likely due to carpal tunnel syndrome, but can't r/o cervical radi; 2016; There has been treatment or conservative therapy.; Chronic back pain with sciatica and signs of radiculopathy.;Bilateral hand numbness is likely due to carpal tunnel syndrome, but can't r/o cervical radiculopathy.;Fibromyalgia flaring; EMG, Injections, Physical therapy, splints, NSAIDS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	RO MASS, TUMOR, PINCHED NERVE, DISC HERNIATION. DISC DISLOCATION. HEADACHES WORSENER. PAIN WAKES HER UP IN SLEEP.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; This study is being requested for None of the above; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TO DETERMINE TREATMENT PLAN/SURGERY. FAILED CONSERVATIVE MEASURES; SEPT 2020; There has been treatment or conservative therapy.; CHRONIC LOWER BACK PAIN RADIATING TO BILATERAL HIPS AND GOING DOWN BOTH LEGS. LOWER BACK MUSCLE SPASMS. PAIN IS WORSE WITH BENDING TWISTING LIFTING LONG STANDING/SITTING/WALKING.; PHYSICAL THERAPY, INJECTIONS, HOME EXERCISES, MEDICATION - NO RELIEF; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Arthritis symptoms: pain involving: the neck from DJD and DDD and mild spinal stenosis on MRI cervical; from DJD thoracic and from DJD lumbar: severity = moderate, fairly severe, and she sees Dr. Benson for pain and gets gabapentin for some relief, and se; 10/07/2020; There has been treatment or conservative therapy.; She is a history of neck pain which radiates to her head as well as down her spine. She does have a history, separately, migraine headaches. She describes some arm soreness. She has tried physical therapy which made things worse.;Seen pain management ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Arthritis symptoms: pain involving: the neck from DJD and DDD and mild spinal stenosis on MRI cervical; from DJD thoracic and from DJD lumbar: severity = moderate, fairly severe, and she sees Dr. Benson for pain and gets gabapentin for some relief, and se; 10/07/2020; There has been treatment or conservative therapy.; She is a history of neck pain which radiates to her head as well as down her spine. She does have a history, separately, migraine headaches. She describes some arm soreness. She has tried physical therapy which made things worse.;Seen pain management ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain associated with peripheral numbness, progressive neurologic deficit; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic back pain with sciatica and signs of radiculopathy. Will obtain lumbar MRI. Encouraged her that there are low-key desk jobs that she should look for. ;Bilateral hand numbness is likely due to carpal tunnel syndrome, but can't r/o cervical radi; 2016; There has been treatment or conservative therapy.; Chronic back pain with sciatica and signs of radiculopathy.;Bilateral hand numbness is likely due to carpal tunnel syndrome, but can't r/o cervical radiculopathy.;Fibromyalgia flaring; EMG, Injections, Physical therapy, splints, NSAIDS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has low bacd pain, pain in right and left legs and shortness of breath., One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	RO MASS, TUMOR, PINCHED NERVE, DISC HERNIATION. DISC DISLOCATION. HEADACHES WORSENER. PAIN WAKES HER UP IN SLEEP.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?;	Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record;	Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This study is being requested for Neurologic deficits; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is NOT being requested for low back pain; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica;	Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	TO DETERMINE TREATMENT PLAN/SURGERY. FAILED CONSERVATIVE MEASURES; SEPT 2020; There has been treatment or conservative therapy.; CHRONIC LOWER BACK PAIN RADIATING TO BILAERAL HIPS AND GOING DOWN BOTH LEGS. LOWER BACK MUSCLE SPASMS. PAIN IS WORSE WITH BENDING TWISTING LIFTING LONG STANDING/SITTING/WALKING.; PHYSICAL THERAPY, INJECTIONS, HOME EXERCISES, MEDICATION - NO RELIEF; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or	Orthopedics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	faxed records; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	hand and wrist for further evaluation for possible surgery believe he has significant flexor tenosynovitis which will likely warrant surgical intervention urgery.; This study is being ordered for Inflammatory/ Infectious Disease.; with Lance of continued right v 2 months. He has tried wearing a splint with no improvement. His swelling is steadily worsening and painful for him.;Distal volar forearm and wrist focal swelling along the flexor tendons with ballotable feeling and tender; There has been treatment or conservative therapy.; continues to have significant pain and swelling along the volar asl believe he has significant flexor tenosynovitis which will likely warrant surgical intervention at a later date. The patient needs to undergo an MRI of the hand and wrist for further eval; He has had therapy. Wearing splint. Medication for pain. Xray an;X-ray interpretation;;3 views: PA, lateral and oblique of the right wrist and hand were obtained. These show moderate degenerative changes at the distal radioulnar joint as well as the th; One of the studies being ordered is NOT a Breast	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	US and has a torn muscle or tendon.Elbow pain, chronic, collateral ligament tear suspected, nondiagnostic xray; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10/2020; There has been treatment or conservative therapy.; If she stands more than 1 to 2 hours, the pain flares up; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; numbness in foot and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	9/4/2020; There has been treatment or conservative therapy.; Abdominal pain, Anemia, SOB; Currently seeing a rheumatologist; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms ; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal pain, acute, nonlocalized ;nausea; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); SUSPECTED HERNIA; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	patient needs CT calcium score due to aortic valve stenosis etiology of cardiac valve disease unspecified; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	She has some atypical chest pain on right.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Positive for shortness of breath. Nonspecific T wave abnormality now evident in Inferior leads ;Nonspecific T wave abnormality now evident in Lateral leads; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 02/04/2021; There has been treatment or conservative therapy.; Fever; Regimen of medicine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/06/2021; There has not been any treatment or conservative therapy.; shortness of breath and chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient has low back pain, pain in right and left legs and shortness of breath.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Internal Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; unknown; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Cholangiocarcinoma; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease ; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); s/p right renal cryoablation ;Renal mass, normal renal function; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is presenting new signs or symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Interventional Radiologists	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown if No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Medical Genetics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Medical Genetics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for known or suspected vascular disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Nephrology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	cervical spine aneurysmal bone cyst.; This study is being ordered for Vascular Disease.; Pre procedural imaging to insure good blood flow with head and neck; There has been treatment or conservative therapy.; PMH significant for seizure disorder and mental delay who initially presented with a greater than 6 month history of neck pain. Her pain was primarily located to the left lateral aspect of her neck and worsened with movement; She underwent both posterior and anterior surgery on different occasions.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	checking to see if worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknownadmitted to ER on 9/29/20; There has been treatment or conservative therapy.; left side weakness sensory deficitsfacial weakness; Lipitor dapt with aspirin and plavex; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Chiari malformation, headaches - Cervicalgia, bilateral occipital neuralgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Will obtain CTA head/neck for full assessment of vertebrobasilar system. Carotid doppler will not allow for assessment of vertebral artery or basilar system.; This study is being ordered for a neurological disorder.; 05/2020; There has been treatment or conservative therapy.; The patient complains of dizziness associated with neck popping that is unintentional with turning of her head. Neck popping occurs almost daily and dizziness remains for 1-2 minutes afterward. Described as swimming sensation in her head.; Home exercises for neck pain. Unable to meet copayment for physical therapy sessions.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	14 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	cervical spine aneurysmal bone cyst.; This study is being ordered for Vascular Disease.; Pre procedural imaging to insure good blood flow with head and neck; There has been treatment or conservative therapy.; PMH significant for seizure disorder and mental delay who initially presented with a greater than 6 month history of neck pain. Her pain was primarily located to the left lateral aspect of her neck and worsened with movement; She underwent both posterior and anterior surgery on different occasions.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	checking to see if worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknownadmitted to ER on 9/29/20; There has been treatment or conservative therapy.; left side weakness sensory deficitsfacial weakness; Lipitor dapt with aspirin and plavex; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Chiari malformation, headaches - Cervicalgia, bilateral occipital neuralgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Will obtain CTA head/neck for full assessment of vertebrobasilar system. Carotid doppler will not allow for assessment of vertebral artery or basilar system.; This study is being ordered for a neurological disorder.; 05/2020; There has been treatment or conservative therapy.; The patient complains of dizziness associated with neck popping that is unintentional with turning of her head. Neck popping occurs almost daily and dizziness remains for 1-2 minutes afterward. Described as swimming sensation in her head.; Home exercises for neck pain. Unable to meet copayment for physical therapy sessions.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	abnormal MRI Brain noting frontal brain mass - neuro symptoms include headache, vertigo, loss of coordination; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Carotid stenosis, follow up ;HISTORY OF RUPTURED ANEURYSM REPAIR; CERVICAL CAROTID ARTERY SURGERY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Right Occipital Cavernoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; not able to control bowel and bladder, and patient is having behavioral changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Carotid stenosis, follow up ;HISTORY OF RUPTURED ANEURYSM REPAIR; CERVICAL CAROTID ARTERY SURGERY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; There has been treatment or conservative therapy.; blurry vision;memory issues;neck pain;gait issues;ringing in both ears;headaches; numbness and tingling in hands; medication; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; There has not been any treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - PATient has had lumbar injections which were not helpful, exercises, anti-inflammatory medications, pain medications and heat. or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	36 year old female brought to us from Dr. Paulus today. She has an 8 year history of LBP with radiation to hips, Bil LE numbness at times, Gait issues with hip spasms. No incontinence. Also c/o tingling in upper extremities. Symptoms worse with activity. ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2019; There has been treatment or conservative therapy.; persistent likely low pressure headaches.; Shunt placement 2019; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Carotid stenosis, follow up ;HISTORY OF RUPTURED ANEURYSM REPAIR; CERVICAL CAROTID ARTERY SURGERY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	check for post op changes; This study is being ordered for a neurological disorder.; 1/2019; There has been treatment or conservative therapy.; Continued headaches. pain 7/10, throbbing, shooting & burning pain; Patient has had surgery & medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; This study is being ordered for a neurological disorder.; 1/21/21 Patient here to eval Chiari. Diagnosed with Chiari I in 2009 as well as EDS. He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches S; There has been treatment or conservative therapy.; He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; All prior treatment done through PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	symptoms worsening; This study is being ordered for a neurological disorder.; 12/2020; There has been treatment or conservative therapy.; Headaches/blurry vision/posterior neck pain to the top of head/ numbness tingling to bilateral hands; Physical therapy/ tizanidine/Norco/robaxin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDS specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; The type of tumor is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has an Abnormality of the skull bones (craniosynostosis).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Small head (Microcephaly).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); Agree; Persistent headache with little or no improvement with attempted treatment describes the headache's character; increased pressure type headache; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; Worsening headaches; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; ; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Brain mass or lesion, follow-up; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Patient is coming in for her post operative appointment on 01/22/2021 and a new scan is needed for review.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; serial surveillance scans on a 2-month time frame following treatment to assess for response to the radiosurgical treatment as well as for surveillance for any possible new lesions that may develop. 10/2/2019 he had another SRS.; MRI w/wo contrast of th; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; to follow up on patients brain tumor; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; Brain mass or lesion ;With Stealth Protocol. Needs for neuro navigation prior to cranial biopsy on Monday March 1st; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; s/p secretory meningioma resection; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Tumor (system matched response); Agree; Brain tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; not able to control bowel and bladder, and patient is having behavioral changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Seizure, abnormal neuro exam ;cavernoma; Yes, this is a Functional MRI Brain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown if No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	; There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Lumbosacral stenosis with neurogenic claudication ;Cervical myelopathy with cervical radiculopathy;S/P cervical spinal fusion;Numbness and tingling of right upper extremity;Neck pain;Lumbar pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	ROM is good in his neck; states that no crunching or grinding sounds when moves states that the pain starts at the base of his neck and radiates up the back of his head; right handed- has noticed that hand weakness in both hands. Neurological: numbness;t; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	rule out spinal stenosis; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	She still has severe pain, this mri does not show a clear indication for another surgery. We will go ahead with Ct of the Cspine to look at the bony structure to further evaluate the nerve roots.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Study is being requested due to reevaluation of a T11 fracture caused from injury/fall. Patient is presenting back pain. Pedicles need evaluation.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for a neurological disorder;; There has been treatment or conservative therapy;; Describe treatment / conservative therapy here - Patient has had lumbar injections which were not helpful, exercises, anti-inflammatory medications, pain medications and heat. or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness in left and right lower extremities; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; Enter date of initial onset here - or Type In Unknown If No Info Give;NOV/DEC 2020; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; blurry vision;memory issues;neck pain;gait issues;ringing in both ears;headaches ;numbness and tingling in hands; medication; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has not been any treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	36 year old female brought to us from Dr. Paulus today. She has an 8 year history of LBP with radiation to hips, Bil LE numbness at times, Gait issues with hip spasms. No incontinence. Also c/o tingling in upper extremities. Symptoms worse with activity. ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	check for post op changes; This study is being ordered for a neurological disorder.; 1/2019; There has been treatment or conservative therapy.; Continued headaches. pain 7/10, throbbing, shooting & burning pain; Patient has had surgery & medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 5/4/15; There has been treatment or conservative therapy.; ligament laxity; Medication/ Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Evaluation of a possible syrinx is standard best practice with those diagnosed with Chiari I malformation.; Unknown; There has been treatment or conservative therapy.; Chronic severe headache, visual disturbance; Vision changes where she saw an ophthalmologist. Headaches managed by fiorcet by her PCP; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; This study is being ordered for a neurological disorder.; 1/21/21 Patient here to eval Chiari. Diagnosed with Chiari I in 2009 as well as EDS. He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches S; There has been treatment or conservative therapy.; He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; All prior treatment done through PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient presents for evaluation of worsening low back pain, Previous lumbar MRI shows diffuse, sever DDD, sever canal stenosis and with his symptoms needs thoracic MRI. Due to hand and arm numbness with neck extensions and the extensive DDD in lumbar spin; 10/01/2015; There has been treatment or conservative therapy.; Patient is experiencing sever nocturnal spasms in legs, back pain, buttocks pain, lower extremity pain, back stiffness, weakness, numbness, and paresthesia.; Patient has prior laminectomy I1-2, 4-5 in 2015. Current treatment include activity modification, opioid analgesics and gabapentin.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient scheduled for neurosurgical evaluation of low back pain with left sciatica and neck pain with cervical radiculopathy involving the right arm.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Surveillance MRI requested: cervical spine x-ray dated 01/02/2020 which demonstrated stable instrumentation of the occiput to C5. No lucency in the screws. C5-C6 disc space is at stable widening.; This study is being ordered for Congenital Anomaly.; At birth-7/06/2005; There has been treatment or conservative therapy.; ; History of Occipital-C5 fusion for cervical instability; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; This study is being requested for Trauma or recent injury; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; This study is being requested for Trauma or recent injury; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The documented finding is new or worsening; Acute gait abnormality is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; This study is being requested for Follow-up to surgery or fracture within the last 6 months; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; This study is being requested for Pre-operative evaluation; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; not able to control bowel and bladder, and patient is having behavioral changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; Enter date of initial onset here - or Type In Unknown If No Info Give;NOV/DEC 2020; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	36 year old female brought to us from Dr. Paulus today. She has an 8 year history of LBP with radiation to hips, Bil LE numbness at times, Gait issues with hip spasms. No incontinence. Also c/o tingling in upper extremities. Symptoms worse with activity. ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	check for post op changes; This study is being ordered for a neurological disorder.; 1/2019; There has been treatment or conservative therapy.; Continued headaches. pain 7/10, throbbing, shooting & burning pain; Patient has had surgery & medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 5/4/15; There has been treatment or conservative therapy.; ligament laxity; Medication/ Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Evaluation of a possible syrinx is standard best practice with those diagnosed with Chiari I malformation.; Unknown; There has been treatment or conservative therapy.; Chronic severe headache, visual disturbance; Vision changes where she saw an ophthalmologist. Headaches managed by fiorcet by her PCP; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	evaluation of and recommendations for gait spasticity over the past 5-6 months.;Neurological: weakness, numbness/tingling, falls, lost balance, and muscle stiffness. Psychiatric: depression and anxiety; difficulty sleeping.;Differential diagnoses includ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; This study is being ordered for a neurological disorder.; 1/21/21 Patient here to eval Chiari. Diagnosed with Chiari I in 2009 as well as EDS. He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches S; There has been treatment or conservative therapy.; He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; All prior treatment done through PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient presents for evaluation of worsening low back pain, Previous lumbar MRI shows diffuse, sever DDD, sever canal stenosis and with his symptoms needs thoracic MRI. Due to hand and arm numbness with neck extensions and the extensive DDD in lumbar spin; 10/01/2015; There has been treatment or conservative therapy.; Patient is experiencing sever nocturnal spams in legs, back pain, buttocks pain, lower extremity pain, back stiffness, weakness, numbness, and paresthesia.; Patient has prior laminectomy I1-2, 4-5 in 2015. Current treatment include activity modification, opioid analgesics and gabapentin.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Surveillance MRI requested: cervical spine x-ray dated 01/02/2020 which demonstrated stable instrumentation of the occiput to C5. No lucency in the screws. C5-C6 disc space is at stable widening.; This study is being ordered for Congenital Anomaly.; At birth-7/06/2005; There has been treatment or conservative therapy.; History of Occipital-C5 fusion for cervical instability; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Surveillance, follow up; 07/08/2006; There has been treatment or conservative therapy.; Pain; Surgical Intervention; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; - Please list medications List meds here anti-inflammatory; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; - Please describe the home treatment outcome including the duration of treatment. home treatment documentation 2weeks no relief	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; 3 Out of 5	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; not able to control bowel and bladder, and patient is having behavioral changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 5/4/15; There has been treatment or conservative therapy.; ligament laxity; Medication/ Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Evaluation of a possible syrinx is standard best practice with those diagnosed with Chiari I malformation.; Unknown; There has been treatment or conservative therapy.; Chronic severe headache, visual disturbance; Vision changes where she saw an ophthalmologist. Headaches managed by forcet by her PCP; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	evaluation of and recommendations for gait spasticity over the past 5-6 months.;Neurological: weakness, numbness/tingling, falls, lost balance, and muscle stiffness. Psychiatric: depression and anxiety; difficulty sleeping.;Differential diagnoses include; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; This study is being ordered for a neurological disorder.; 1/21/21 Patient here to eval Chiari. Diagnosed with Chiari I in 2009 as well as EDS. He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches S; There has been treatment or conservative therapy.; He has simple hypermobility as well as seizure disorder. Has Not had any follow up. Recent MRIs done in HS not available. trying to get reports. Has worsening headaches SO with radiation to shoulders. tingling in hands and feet at times. Drop things occas; All prior treatment done through PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Lumbosacral stenosis with neurogenic claudication ;Cervical myelopathy with cervical radiculopathy;S/P cervical spinal fusion;Numbness and tingling of right upper extremity;Neck pain;Lumbar pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient scheduled for neurosurgical evaluation of low back pain with left sciatica and neck pain with cervical radiculopathy involving the right arm.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Cauda Equina Syndrome is documented; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity over reactive to stimulus best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Foot Drop is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute gait abnormality is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected infection or abscess; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is NOT being requested for low back pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is NOT being requested for low back pain.; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Pre-operative evaluation; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is NOT being requested for low back pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; not able to control bowel and bladder, and patient is having behavioral changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	evaluation of and recommendations for gait spasticity over the past 5-6 months.;Neurological: weakness, numbness/tingling, falls, lost balance, and muscle stiffness. Psychiatric: depression and anxiety, difficulty sleeping.;Differential diagnoses include; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); numbness and tingling below the waist; There has been an abnormal finding on physical exam; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor.ostct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Cerebral aneurysm rupture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient's mother passed away of ruptured aneurysm recently . Patient is having increased headaches and vision changes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	symptoms worsening; This study is being ordered for a neurological disorder.; 12/2020; There has been treatment or conservative therapy.; Headaches/blurry vision/posterior neck pain to the top of head/ numbness tingling to bilateral hands; Physical therapy/ tizanidine/Norco/robaxin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Cerebral aneurysm rupture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient's mother passed away of ruptured aneurysm recently . Patient is having increased headaches and vision changes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	symptoms worsening; This study is being ordered for a neurological disorder.; 12/2020; There has been treatment or conservative therapy.; Headaches/blurry vision/posterior neck pain to the top of head/ numbness tingling to bilateral hands; Physical therapy/ tizanidine/Norco/robaxin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Right Occipital Cavernoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhoea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal chest x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient is to follow-up in neurosurgery clinic in 6 weeks to evaluate her progress. All questions were answered and patient agrees with proposed plan.female with complaints of chronic bilateral low back pain that radiates down bilateral posterior legs in; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Motor strength left leg 4+ to 5-/5 throughout. Right leg motor strength 4-4 over 5 involving quadricep and hamstring and iliopsoas. Tender over the right greater trochanter. Right foot plantar and dorsiflexion 4/5 also; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; UNKNOWN; There has been treatment or conservative therapy.; Patient is significant neck pain bilaterally shoulder pain. Some heaviness in the upper extremities he also has back pain.; She has tried rest ice heat oral medication she is also done some home exercises.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2019; There has been treatment or conservative therapy.; persistent likely low pressure headaches.; Shunt placement 2019; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Additional imaging is needed of the cervical and lumbar spine to evaluate her complaints, review results and make a plan at that time.; Pain started in October (2020), and has progressively worsened.; There has been treatment or conservative therapy.; Back pain with radiculopathy. Patient does have some radiation to the legs; Physical therapy a few years ago with no relief.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	lower extremity pain not explained on lumbar mri; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2019; There has been treatment or conservative therapy.; Right lower extremity pain, right upper extremity numbness, shooting pain that travels down leg to toes, right arm goes to sleep feels completely numb at night; Steroids, physical therapy, ibuprofen, cyclobenzaprine, gabapentin, tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	spinal stenosis; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks Surveillance, follow up; 07/08/2006; There has been treatment or conservative therapy.; Pain; Surgical Intervention; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	lower extremity pain not explained on lumbar mri; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2019; There has been treatment or conservative therapy.; Right lower extremity pain, right upper extremity numbness,shooting pain that travels down leg to toes, right arm goes to sleep feels completely numb at night; Steroids, physical therapy, ibuprofen, cyclobenzaprine,gabapentin, tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient still has stiff neck "all of the time", has left hand numbness upon waking up in the mornings and also has back pain. he has random leg and foot cramps that happen a lot and legs always hurt - or Type In Unknown If No Info Given.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; It is unknown if this request for pre-operative planning; It is unknown if there is a post operative complication	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms worsening; This study is being ordered for a neurological disorder.; 12/2020; There has been treatment or conservative therapy.; Headaches/blurred vision/posterior neck pain to the top of head/ numbness tingling to bilateral hands; Physical therapy/ tizanidine/Norco/robaxin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more then once for these symptoms.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; She has decreased grip strength in both hands. She also reports clumsiness in both hands and drops things frequently without realizing. These symptoms are chronic in nature but worsened over the last three months after she played golf tournaments.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Weakness in RLE	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; anti-inflammatory; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 2weeks no relief	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain, foot pain, testicular pain, numbness in penis, groin pain, muscle spasm in the perineal area; Treatment has consisted of spinal injections, physical therapy, chiropractic treatment, exercise, anti-inflammatory meds, pain meds, bracing, heat, ice and massage.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>; UNKNOWN; There has been treatment or conservative therapy.; Patient is significant neck pain bilaterally shoulder pain. Some heaviness in the upper extremities he also has back pain.; She has tried rest ice heat oral medication she is also done some home exercises.; This study is being ordered for Other</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Additional imaging is needed of the cervical and lumbar spine to evaluate her complaints, review results and make a plan at that time.; Pain started in October (2020), and has progressively worsened.; There has been treatment or conservative therapy.; Back pain with radiculopathy. Patient does have some radiation to the legs; Physical therapy a few years ago with no relief.; This study is being ordered for Neurological Disorder</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient still has stiff neck "all of the time", has left hand numbness upon waking up in the mornings and also has back pain. he has random left and foot cramps that happen a lot and legs always hurt - or Type In Unknown If No Info Given.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; It is unknown if this request for pre-operative planning; It is unknown if there is a post operative complication</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>spinal stenosis; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Surveillance, follow up; 07/08/2006; There has been treatment or conservative therapy.; Pain, Surgical Intervention; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms worsening; This study is being ordered for a neurological disorder.; 12/2020; There has been treatment or conservative therapy.; Headaches/blurry vision/posterior neck pain to the top of head/ numbness tingling to bilateral hands; Physical therapy/ tizanidine/Norco/robaxin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; Continue ; This is a request for a Pelvis MRI; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. ; ; There has been treatment or conservative therapy.; back pain, foot pain, testicular pain, numbness in penis, groin pain, muscle spasm in the perineal area; Treatment has consisted of spinal injections, physical therapy, chiropractic treatment, exercise, anti-inflammatory meds, pain meds, bracing, heat, ice and massage.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary		1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	lower extremity pain not explained on lumbar mri; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2019; There has been treatment or conservative therapy.; Right lower extremity pain, right upper extremity numbness,shooting pain that travels down leg to toes, right arm goes to sleep feels completely numb at night; Steroids, physical therapy, ibuprofen, cyclobenzaprine,gabapentin, tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	c/o LBP, sciatica; patient states that symptoms have been going on for over a year now. states pain in lower part of back radiating down both legs, more so on the left side; states that it never goes away; sitting in a chair may make it better, but usual; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	lower extremity pain not explained on lumbar mri; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2019; There has been treatment or conservative therapy.; Right lower extremity pain, right upper extremity numbness,shooting pain that travels down leg to toes, right arm goes to sleep feels completely numb at night; Steroids, physical therapy, ibuprofen, cyclobenzaprine,gabapentin, tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; FAX INFO; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; stroke; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; TIA; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	65-year-old gentleman with history of stroke and carotid occlusions. I am going to repeat his MRI and a CTA.; This study is being ordered for a neurological disorder.; 2021; There has been treatment or conservative therapy.; He started having confusions episodes in November. They seem to only be coming out of sleep. Usually run 4:56 AM when he wakes up. He is confused sometimes does not recognize his wife. Barely speaks. Unable to dress himself. He has had frequent urina; medication; prior imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All attempts to get imaging approved have been denied. ENT has not been able to find a cause. Condition continues to worsen.; This study is being ordered for Vascular Disease.; around March of 2020; There has been treatment or conservative therapy.; Pain and loud noise in his ears. Greatest in his left ear. He describes it as pulsating and also Swishing at times.; Treatment with antibiotics to rule out infection. Has been seen by ENT without any progress or definitive diagnosis from them. Has been prescribed medications but the condition continues to get worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	male with history, signs and symptoms of Cerebrovascular Accident. ;Differential diagnoses include TIAs, Seizures, Migraine headaches, cognitive impairment, Hydrocephalus, Syncope and Depression. If No Info Given; This study is being ordered for trauma or injury.; Mr. Gary Butler is a 54-year-old right-handed male referred to me for evaluation and management of weakness and difficulty to move the right side of the body that has occurred since October 11, 2020. Admission records from the Baptist Medical Center in Li; it is not known if there has been any treatment or conservative therapy.; He did have slurred speech and unsteady gait. The initial presentation had been a brief spell of vertical diplopia that he did not pay much attention. Slurred speech and blurred vision have resolved with time but the unsteady gait has persisted for a while; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initial date of onset november/december 2020; There has been treatment or conservative therapy.; unknown; anti-platelet therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	past medical history of generalized idiopathic epilepsy, atrial fibrillation, cerebral infarction due to embolism of the right carotid artery, postherpetic polyneuropathy, type 2 diabetes, hypertension, hyperlipidemia.; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; Memory loss,laying on the ground confused and disoriented, "dragging one leg, depression very irritable & confused Abnormal lower extremity sensation: ;Clock Draw: Erroneous number and hand placement.medical history Osteoarthritis.;Atrial Fibrillation.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient with increasing memory change with known vertebral artery stenosis.; This study is being ordered for Vascular Disease.; 06/2019; There has been treatment or conservative therapy.; dizziness, memory change; plavix daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	POSS TIA'S, HX OF DVT'S; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	right hemifacial spasm. This is without provocation and idiopathic at the moment. She has no other associated neurologic symptoms with this to suggest cerebral ischemia. I have reiterated to her that I do not believe this is a sign of a stroke or TIA. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; stroke; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; TIA; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	65-year-old gentleman with history of stroke and carotid occlusions. I am going to repeat his MRI and a CTA.; This study is being ordered for a neurological disorder.; 2021; There has been treatment or conservative therapy.; He started having confusions episodes in November. They seem to only be coming out of sleep. Usually run 4:56 AM when he wakes up. He is confused sometimes does not recognize his wife. Barely speaks. Unable to dress himself. He has had frequent urina; medication; prior imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All attempts to get imaging approved have been denied. ENT has not been able to find a cause. Condition continues to worsen.; This study is being ordered for Vascular Disease.; around March of 2020; There has been treatment or conservative therapy.; Pain and loud noise in his ears. Greatest in his left ear. He describes it as pulsating and also Swishing at times.; Treatment with antibiotics to rule out infection. Has been seen by ENT without any progress or definitive diagnosis from them. Has been prescribed medications but the condition continues to get worse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	male with history, signs and symptoms of Cerebrovascular Accident. ;Differential diagnoses include TIAs, Seizures, Migraine headaches, cognitive impairment, Hydrocephalus, Syncope and Depression. If No Info Given; This study is being ordered for trauma or injury.; Mr. Gary Butler is a 54-year-old right-handed male referred to me for evaluation and management of weakness and difficulty to move the right side of the body that has occurred since October 11, 2020. Admission records from the Baptist Medical Center in Li; It is not known if there has been any treatment or conservative therapy.; He did have slurred speech and unsteady gait. The initial presentation had been a brief spell of vertical diplopia that he did not pay much attention. Slurred speech and blurred vision have resolved with time but the unsteady gait has persisted for a while; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initial date of onset november/december 2020; There has been treatment or conservative therapy.; unknown; anti-platelet therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	past medical history of generalized idiopathic epilepsy, atrial fibrillation, cerebral infarction due to embolism of the right carotid artery, postherpetic polyneuropathy, type 2 diabetes, hypertension, hyperlipidemia.; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; Memory loss,laying on the ground confused and disoriented, "dragging one leg, depression very irritable & confused Abnormal lower extremity sensation: ;Clock Draw: Erroneous number and hand placement.medical history Osteoarthritis.;Atrial Fibrillation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient with increasing memory change with known vertebral artery stenosis.; This study is being ordered for Vascular Disease.; 06/2019; There has been treatment or conservative therapy.; dizziness, memory change; plavix daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	POSS TIA'S, HX OF DVT'S; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	right hemifacial spasm. This is without provocation and idiopathic at the moment. She has no other associated neurologic symptoms with this to suggest cerebral ischemia. I have reiterated to her that I do not believe this is a sign of a stroke or TIA. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Continuous symptoms; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	NECK PAIN, TINGLING, SYNCOPHE, HX OF BRAIN INJURY; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	no significant PMH admitted to hospital in October with H/O 2-3 weeks of vision problems, gait disturbance and sensory disturbances , MRI with b/l thalamic hyperintensity with incident finding of Vertebral dissection on right side. Diagnosed with Wernick; This study is being ordered for a neurological disorder.; 10/28/20; There has been treatment or conservative therapy.; blurry vision, vertigo, trouble walking, confusion, weakness, numbness, fatigue; Medications, Physical Therapy/Occupational Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	presents to the neurology clinic for evaluation of headaches. Initial onset of HA began about 6 yrs ago. She thought the headaches were d/t elevated blood pressure until MRI results revealed idiopathic intracranial hypertension.Over the past 3 months she; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; This study is being ordered for a neurological disorder.; Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; There has been treatment or conservative therapy.; Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	no significant PMH admitted to hospital in October with H/O 2-3 weeks of vision problems, gait disturbance and sensory disturbances , MRI with b/l thalamic hyperintensity with incident finding of Vertebral dissection on right side. Diagnosed with Wernick; This study is being ordered for a neurological disorder.; 10/28/20; There has been treatment or conservative therapy.; blurry vision, vertigo, trouble walking, confusion, weakness, numbness, fatigue; Medications, Physical Therapy/Occupational Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; There has been treatment or conservative therapy.; migraines, insomnia; stadol and ubrelvy; This study is being ordered for Neurological Disorder	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 3 years ago; It is not known if there has been any treatment or conservative therapy.; tremor in both hands aggravated by concentration and anxiety; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2019; There has been treatment or conservative therapy.; NUMBNESS, BURNING SENSATION, AND TINGLING IN THE LUMBOSACRAL AREA.; PHYSICAL/OCCUPATIONAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2/2020; It is not known if there has been any treatment or conservative therapy.; left sided weakness, numbness, tingling, with headache, neck pain, blurred vision; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	11/23/2020; There has not been any treatment or conservative therapy.; GAIT PROBLEM, SPEECH DIFFIULTY, WEAKNESS,WEAKNESS AND NUBNESS IN HANDS, PREVIOUS TIA; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	65-year-old gentleman with history of stroke and carotid occlusions. I am going to repeat his MRI and a CTA.; This study is being ordered for a neurological disorder.; 2021; There has been treatment or conservative therapy.; He started having confusions episodes in November. They seem to only be coming out of sleep. Usually run 4:56 AM when he wakes up. He is confused sometimes does not recognize his wife. Barely speaks. Unable to dress himself. He has had frequent urina; medication; prior imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2006; There has been treatment or conservative therapy.; 5 migraine days per week, severe neck pain & retro orbital pain, throbbing in nature, worsening in severity, family hx of migraines, numbness in her hands bilaterally; Home exercises, hold off on PT until after MRI (need to be sure there is no cord compression first), has taken Emgality, Amitriptyline, Botox, Fioricet, Topamax, Depakote & Gabapentin; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2011; It is not known if there has been any treatment or conservative therapy.; Poor balance, slow wide based gate, unsteady on turns, poor tandem.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2018; There has been treatment or conservative therapy.; SEVERE HEADACHES THAT LAST FROM 5 MINUTES TO SEVERAL HOURS. SHARP PAIN. THROBBING, POUNDING, PULSATING SQUEEZING PRESSURE. DIZZINESS, DIARHEA, SENSITIVITY TO LIGHT AND SOUND.; MEDICATION FOR HEADACHES; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Cervical Myelopathy secondary to spinal stenosis, possible inflammatory/demyelinating causes.; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	h/o Cowden Syndrome, PTEN mutation, migraines who is followed by Dr. Bates. In October Owen was diagnosed with COVID. Shortly after this, he began to have left sided muscle spasms/fasciculations. These were confined to the left arm. They are constant ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Know multiple sclerosis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	migraine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MS: PT STATES HE HAS MORE FATIGUE, GAIT: BALANCE IS WORSE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis with subtle dynamic spasticity with ambulation. Otherwise she is doing well on Tecfidera without recurrent flareup since initial diagnosis in 2012. Recent blood work demonstrates normal CBC with absolute white counts within normal par; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; bilateral leg weakness; MEDICATION TREATMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 15, 2020; There has been treatment or conservative therapy.; Multiple sclerosis; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	no significant PMH admitted to hospital in October with H/O 2-3 weeks of vision problems, gait disturbance and sensory disturbances , MRI with b/l thalamic hyperintensity with incident finding of Vertebral dissection on right side. Diagnosed with Wernick; This study is being ordered for a neurological disorder.; 10/28/20; There has been treatment or conservative therapy.; blurry vision, vertigo, trouble walking, confusion, weakness, numbness, fatigue; Medications, Physical Therapy/Occupational Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient will need a new baseline MRI before she begins Mavenclad-we will order brain, cervical and thoracic scans with and without contrast.; This study is being ordered for a neurological disorder.; Originally diagnosed 2012 by Dr. Al Khatib; There has been treatment or conservative therapy.; Multiple sclerosis; Ocrevus had to be discontinued due to infusion reactions;; Previously was on Avonex-had severe side effects;;MS specialty clinic recommended Mavenclad. ;Patient will need a new baseline MRI before she begins Mavenclad-we will order brain, cervical and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	POSS TIA'S, HX OF DVT'S; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	right hemifacial spasm. This is without provocation and idiopathic at the moment. She has no other associated neurologic symptoms with this to suggest cerebral ischemia. I have reiterated to her that I do not believe this is a sign of a stroke or TIA. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Seizures started in 2016; There has been treatment or conservative therapy.; headaches;seizures;back pain; pt was prescribed Keppra;Also had a ct in 2018; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; This study is being ordered for a neurological disorder. ; Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; There has been treatment or conservative therapy. ; Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; Stroke, follow up ;Dizziness, non-specific ;Headache, chronic, new features or increased frequency; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	72 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	32 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	18 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	23 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and/or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected Parkinson's disease best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.;	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character.; ELSE> (system matched response); Reason: Else (system matched response)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; Cerebral aneurysm screening; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); The headache is associated with new, severe fluctuating neurological deficits such as limb weakness, difficulty speaking, loss of vision, lack of coordination or change in mental status.; Agree; New onset within the past month describes the headache's character; MS exacerbation; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Agree; Chronic headaches, longer than one month describes the headache's character.; ELSE> (system matched response); Reason: Else (system matched response)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Agree; Chronic headaches, longer than one month describes the headache's character; Headache, chronic, with new features; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniostynosis); The patient has a congenital abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; This is NOT being requested for evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural).; This is NOT being requested for brain evaluation related to a syrinx or syringomyelia.; This procedure being requested for None of the above; This is being requested for None of the above; TRIGEMINAL AUTONOMIC CEPHALALGIA; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via BBI.; Reason: ELSE (system matched response); It is unknown if there is a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; This procedure being requested for None of the above; This is being requested for Vertigo - 'spinning dizziness'; Evaluate for CNS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); It is unknown if there is a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for Known or suspected Parkinson's disease; Memory loss in a patient with Parkinsons.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; abnormal brain scan; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Dementia with behavioral disturbance, unspecified dementia type; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Dementia, Hallucinations, cognitive decline; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; dementia,combination of vascular and Alzheimer's; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Dementia. Memory loss.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; demyelinating changes in the brain, imbalance, numbness/tingling; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; diplopia; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; frequent falls, imbalance; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; increased falls and confusion; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; LEFT SIDE NUMBNESS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; memory loss and seizures; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Memory loss, Dementia; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Memory loss, Hx of stroke; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; MRI Brain 1 year f/u to r/o recurrent tumor, hx of Germinoma resection.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; MS, progressing symptoms; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Reasses burden Progressive MS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Reported increased difficulties with short-term memory and other changes since acquiring Covid virus which could be still just a mild secondary result of having the infection as there is no evidence that he had anything like a stroke or anything else goin; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; SEIZURES. HEADACHES. WEAKNESS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; stroke seizure memory; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; To further evaluate for any progression of MS lesion as patient continues to have gait disturbance.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Underlying dementia most likely vascular based on her history but could be Alzheimer's with vascular components with no other evidence to suggest things like frontotemporal dementia or Lewy body dementia; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; It is unknown if there is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for Known or suspected Parkinson's disease; RULE OUT ALZHEIMER'S, VASCULAR DEMENTIA, METABOLIC CAUSES, DEMENTIA WITH LEW BODIES. PTS PROGRESSIVELY GETTING WORSE WITH GAIT AND MEMORY.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; ; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is NO known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; This procedure being requested for None of the above; This is being requested for Vertigo - 'spinning dizziness'; vertebral artery stenosis; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via BBI.; Reason: Changing neurologic symptoms (system matched response); memory loss	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; Dementia	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; memory loss	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Headache (system matched response); Agree; headache	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Headache (system matched response); Agree; migraine	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Multiple sclerosis (system matched response); Agree; multiple sclerosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; 04/20/2005; There has been treatment or conservative therapy.; PAIN IN LIMBS; NUMBNESS IN LIMBS; HEARING DIFFICULTIES; HEADACHES; IMBALANCE; MUSCLE CRAMPS; BURNING SENSATION IN LIMBS; TINGLING IN LIMBS; INJECTIONS; STEROIDS; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain; Home exercise, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	seizures-epilepsy surgery candidate; Yes, this is a Functional MRI Brain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	evaluation of headaches;;rupture of an ACoA aneurysm and underwent clip ligation approx 8-10 years ago;what appear on CT to be clips in L neck that she states were placed around same time. June 2020 began having headaches 1-2x per week. The severity o; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; several years; There has been treatment or conservative therapy.; numbness, tingling, shocking sensation, pain management; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2019; There has been treatment or conservative therapy.; NUMBNESS, BURNING SENSATION, AND TINGLING IN THE LUMBOSACRAL AREA.; PHYSICAL/OCCUPATIONAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2/2020; It is not known if there has been any treatment or conservative therapy.; left sided weakness, numbness, tingling, with headache, neck pain, blurred vision; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	11/23/2020; There has not been any treatment or conservative therapy.; GAIT PROBLEM, SPEECH DIFFICULTY, WEAKNESS,WEAKNESS AND NUBNESS IN HANDS, PREVIOUS TIA; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2006; There has been treatment or conservative therapy.; 5 migraine days per week, severe neck pain & retro orbital pain, throbbing in nature, worsening in severity, family hx of migraines, numbness in her hands bilaterally; Home exercises, hold off on PT until after MRI (need to be sure there is no cord compression first), has taken Emgality, Amitriptyline, Botox, Fioricet, Topamax, Depakote & Gabapentin; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2011; It is not known if there has been any treatment or conservative therapy.; Poor balance, slow wide based gate, unsteady on turns, poor tandem.; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Cervical Myelopathy secondary to spinal stenosis, possible inflammatory/demyelinating causes.; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown if No Info Given. 11/25/2020; There has not been any treatment or conservative therapy.; numbness, tingling, spams , pain lower extremity; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Know multiple sclerosis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	MS: PT STATES HE HAS MORE FATIGUE, GAIT: BALANCE IS WORSE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis with subtle dynamic spasticity with ambulation. Otherwise she is doing well on Tecfidera without recurrent flareup since initial diagnosis in 2012. Recent blood work demonstrates normal CBC with absolute white counts within normal par; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; bilateral leg weakness; MEDICATION TREATMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 15, 2020; There has been treatment or conservative therapy.; Multiple sclerosis; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PATIENT IS HAVING NECK AND LOW BACK PAIN; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient will need a new baseline MRI before she begins Mavenclad-we will order brain, cervical and thoracic scans with and without contrast.; This study is being ordered for a neurological disorder.; Originally diagnosed 2012 by Dr. Al Khatib; There has been treatment or conservative therapy.; Multiple sclerosis; Ocrevus had to be discontinued due to infusion reactions;;Previously was on Avonex-had severe side effects;;MS specialty clinic recommended Mavenclad. ;Patient will need a new baseline MRI before she begins Mavenclad-we will order brain, cervical and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	SMALL PINEAL CYST ON MRI BRAIN;PT HAS SYMPTOMS OF POSSIBLE MS.;NUMBNESS IN HANDS AND FEET. PT IS MORE FORGETFUL THAT OTHERS NOTICE FORGETS MEDS, AND HAS TO HAVE THINGS SAID SEVERAL TIMES.; 01/05/2021 OV STATES ISSUES STARTED 2 YEARS PRIOR. (01.05.2019);;OV 01.05.2021; There has been treatment or conservative therapy.; MEMORY LOSS, CNS SYMPTOMS, LOW B12, INTERMITTENT NUMBNESS IN EXTREMITIES. PAIN IN RIBS, TO CONSIDER THORACIC RADICULOPATHY OR MYELOPATHY, ALTHOUGH WOULDNT EXPLAIN MEMORY ISSUES, OR SYMPTOMS IN ARMS. NECK PAIN , HEADACHES, NUMBNESS; 2019 09 12 OV PT HAD RIB PAIN TORADOL 15 MG INJECTION. START PREDNISON TAB 20MG, NAPROXEN TABLET 500MG, TRAMADOL 50MG TABLETS. PT HAD LABS DRAWN. ;10.2.2019 ER FU PT WENT TO ER DUE TO EXTREME CHEST PAINS. WAS TOLD RYTHEM PROBLEMS PT FU WITH CARDIOLOGY. ; This study is being ordered for Multiple Sclerosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; This study is being requested for Known or suspected tumor with or without metastasis; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being requested for Multiple Sclerosis; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; Abnormal reflexes is documented; None of the above best describe the abnormality as documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; This study is being requested for None of the above; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Trauma or recent injury; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity unequal reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; several years; There has been treatment or conservative therapy.; numbness, tingling, shocking sensation; pain management; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Cervical Myelopathy secondary to spinal stenosis, possible inflammatory/demyelinating causes.; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 11/25/2020; There has not been any treatment or conservative therapy.; numbness, tingling, spasms , pain lower extremity; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Experiencing episodic lower extremity paralysis and numbness. He is having events of complete lower extremity paraplegia incomplete lack of feeling below the waist. He has brisk lower extremity reflexes. Enter; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	MS: PT STATES HE HAS MORE FATIGUE, GAIT: BALANCE IS WORSE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis with subtle dynamic spasticity with ambulation. Otherwise she is doing well on Tecfidera without recurrent flareup since initial diagnosis in 2012. Recent blood work demonstrates normal CBC with absolute white counts within normal par; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; bilateral leg weakness; MEDICATION TREATMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient will need a new baseline MRI before she begins Mavenclad-we will order brain, cervical and thoracic scans with and without contrast.; This study is being ordered for a neurological disorder.; Originally diagnosed 2012 by Dr. Al Khatib; There has been treatment or conservative therapy.; Multiple sclerosis; Ocrevus had to be discontinued due to infusion reactions;; Previously was on Avonex-had severe side effects;; MS specialty clinic recommended Mavenclad. ;Patient will need a new baseline MRI before she begins Mavenclad-we will order brain, cervical and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	She had a failed vascular procedure to place a stent due to 70% stenosis, but this has not helped at all; November 2019; There has been treatment or conservative therapy.; sensory loss, hyperreflexia, back pain, joint pain, numbness and tingling, radiculopathy, foot drop; Gabapentin 600 mg, 3x daily; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	SMALL PINEAL CYST ON MRI BRAIN;PT HAS SYMPTOMS OF POSSIBLE MS.;NUMBNESS IN HANDS AND FEET. PT IS MORE FORGETFUL THAT OTHERS NOTICE FORGETS MEDS, AND HAS TO HAVE THINGS SAID SEVERAL TIMES.; 01/05/2021 OV STATES ISSUES STARTED 2 YEARS PRIOR. (01.05.2019);OV 01.05.2021; There has been treatment or conservative therapy.; MEMORY LOSS, CNS SYMPTOMS, LOW B12, INTERMITTENT NUMBNESS IN EXTREMITIES. PAIN IN RIBS, TO CONSIDER THORACIC RADICULOPATHY OR MYELOPATHY, ALTHOUGH WOULDNT EXPLAIN MEMORY ISSUES, OR SYMPTOMS IN ARMS. NECK PAIN , HEADACHES, NUMBNESS; 2019 09 12 OV PT HAD RIB PAIN TORADOL 15 MG INJECTION. START PREDNISONE TAB 20MG, NAPROXEN TABLET 500MG, TRAMADOL 50MG TABLETS. PT HAD LABS DRAWN. :10.2.2019 ER FU PT WENT TO ER DUE TO EXTREME CHEST PAINS. WAS TOLD RYTHEM PROBLEMS PT FU WITH CARDIOLOGY. ; This study is being ordered for Multiple Sclerosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; episodes that she cannot move her legs. She also complain of fatigability and that she has weakness worse at the end of the day SHE is now on a wheelchair because when she walks she has tremors in her legs and because she never knows when she will have on	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Experiencing episodic lower extremity paralysis and numbness. He is having events of complete lower extremity paraplegia incomplete lack of feeling below the waist. He has brisk lower extremity reflexes. Enter; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PATIENT IS HAVING NECK AND LOW BACK PAIN; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She had a failed vascular procedure to place a stent due to 70% stenosis, but this has not helped at all; November 2019; There has been treatment or conservative therapy.; sensory loss, hyperreflexia, back pain, joint pain, numbness and tingling, radiculopathy, foot drop; Gabapentin 600 mg, 3x daily; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Cauda Equina Syndrome is documented; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.; This patient is NOT enrolled in the Imaging Dementia - Evidence for Amyloid Scanning (IDEAS) clinical trial.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		Since last month admission to EMU, mother refers that patient continues to have frequent seizures, she refers that he will have the 'absence type' at least 3 times/week. but now his mother reports that his seiuers have evolved to include other types. She; This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; It is not known if this study is being ordered for pre-surgical evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; Dizziness while upright sometimes with headaches; Medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Main concern is if heart failure would prompt anticoagulation.; This study is being ordered for a neurological disorder.; October 2020; There has been treatment or conservative therapy.; felt severe vertigo as well as nausea and vomiting. He reported his right hand felt odd. His speech was slurred. He described his movements as "floaty"; His aspirin is been moved from 81-325. CT scan performed. He now has a pacemaker defibrillator.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	subarachnoid hemorrhage, non ruptured cerebral aneurysm and seizure; This study is being ordered for a neurological disorder.; 2019; There has been treatment or conservative therapy.; He has had memory loss. Difficulty multitasking. Seizure.; Hospitalization and medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; Dizziness while upright sometimes with headaches; Medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	subarachnoid hemorrhage, non ruptured cerebral aneurysm and seizure; This study is being ordered for a neurological disorder.; 2019; There has been treatment or conservative therapy.; He has had memory loss. Difficulty multitasking. Seizure.; Hospitalization and medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	(HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); This study is being ordered for a neurological disorder.; C72.30 (ICD-10-CM) - Optic nerve glioma (HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); There has been treatment or conservative therapy.; C72.30 (ICD-10-CM) - Optic nerve glioma (HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); C72.30 (ICD-10-CM) - Optic nerve glioma (HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist,	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	post cva with pain in right side of neck/shoulder/down arm to fingers;fingers numb/tingle; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 3 years ago; It is not known if there has been any treatment or conservative therapy.; tremor in both hands aggravated by concentration and anxiety; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Doctor is checking for any bleed in brain; This study is being ordered for a neurological disorder.; 12/15/2020; There has been treatment or conservative therapy.; Patient is having headache and problems with vision after stent placement; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	near syncope, syncope, and dizziness; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	HX OF BRAIN INJURY, SYNCOPE, MEMORY LOSS; This is a request for a Neck MR Angiography.; The patient has dizziness.; The patient had an onset of neurologic symptoms within the last two weeks.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient does not have carotid (neck) artery surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; migraines, insomnia; stadol and ubrelvy; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	(HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); This study is being ordered for a neurological disorder.; C72.30 (ICD-10-CM) - Optic nerve glioma (HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); There has been treatment or conservative therapy.; C72.30 (ICD-10-CM) - Optic nerve glioma (HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); C72.30 (ICD-10-CM) - Optic nerve glioma (HCC) ;Q85.01 (ICD-10-CM) - Neurofibromatosis, type I (von Recklinghausen's disease) (HCC) ;G51.0 (ICD-10-CM) - Bell's palsy ;R56.9 (ICD-10-CM) - Seizure (HCC); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Doctor is checking for any bleed in brain; This study is being ordered for a neurological disorder.; 12/15/2020; There has been treatment or conservative therapy.; Patient is having headache and problems with vision after stent placement; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 01/26/2021; There has not been any treatment or conservative therapy.; pain in extremities, forgetfulness, fatigue, blurry vision.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt. has had seizures since age 17. Seizures becoming more frequent, altered mental status. Recently diagnosed w/Hep C.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	see attached clinical info; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	stroke; There has been treatment or conservative therapy.; stroke; stroke; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	subarachnoid hemorrhage, non ruptured cerebral aneurysm and seizure; This study is being ordered for a neurological disorder.; 2019; There has been treatment or conservative therapy.; He has had memory loss. Difficulty multitasking. Seizure.; Hospitalization and medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	23 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected Parkinson's disease best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 05/20/2019 in Arkansas. Saw PCP Scott Musick, MD; There has been treatment or conservative therapy.; Numbness/tingling, fatigue, difficulty walking, difficult coordination, etc. See previous note.; Ajovy for headaches. Will use Ubrelyv or Nurtec if new lesions on brain MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	12/29/2020; There has been treatment or conservative therapy.; new onset of weakness in R hemibody, that started on RLE then RUE more distally than proximally accompanied by numbness. Pt woke up from sleep and fell to the floor noticing R foot was not working as it used to before. Difficulty walking due to unsteadine; On 01/03/21::;given IV Steroids;;sent home w/ Decadron 2mg for 5 days;;Prednisone 60 mg, decrease to 10 mg every 3 days;;Pantoprazole for 30 days; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt had MRI Neurography brachial plexus on 01/13/21 and there was an incidental finding of an apparent nodular focus of abnormal signal intensity in the upper left lung measuring 8 mm seen only on the 3D stir sequences. this may be better assessed with a C; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness;;Neck pain;;Gait instability;;Intractable chronic post-traumatic headache; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	pre op; This study is being ordered for a neurological disorder.; 07/30/2020; There has been treatment or conservative therapy ; back pain; PT ,medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. UNKNOWN; There has been treatment or conservative therapy.; BASE MS CWWICAL STENOSIS,DISC HERNIATION BRAIN LESIONS; PT ,MEDICATIONS , INFUSIONS; This study is being ordered for Multiple Sclerosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	see attached clinical info; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Seizures started in 2016; There has been treatment or conservative therapy.; headaches;seizures;back pain; pt was prescribed Keppra;Also had a ct in 2018; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	stroke; There has been treatment or conservative therapy.; stroke; stroke; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The documented finding is NOT new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; This study is being requested for Known or suspected infection or abscess; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. UNKNOWN; There has been treatment or conservative therapy.; BASE MS CWVICAL STENOSIS,DISC HERNIATION BRAIN LESIONS; PT ,MEDICATIONS , INFUSIONS; This study is being ordered for Multiple Sclerosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Know multiple sclerosis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., September 15, 2020; There has been treatment or conservative therapy.; Multiple sclerosis; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; hyperreflexia	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; She tells me that she has had numbness and tingling of the left side of the body as well as bilateral feet and hands since that time. She also has intermittent facial numbness. She tells me that she feels as though her left side is weaker and as though	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2019; There has been treatment or conservative therapy.; NUMBNESS, BURNING SENSATION, AND TINGLING IN THE LUMBOSACRAL AREA.; PHYSICAL/OCCUPATIONAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 01/26/2021; There has not been any treatment or conservative therapy.; pain in extremities, forgetfulness, fatigue, blurry vision., One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pre op; This study is being ordered for a neurological disorder.; 07/30/2020; There has been treatment or conservative therapy.; back pain; PT ,medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see attached clinical info; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This study is being requested for Neurologic deficits; This case was created via RadMD; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 05/20/2019 in Arkansas. Saw PCP Scott Musick, MD; There has been treatment or conservative therapy.; Numbness/tingling, fatigue, difficulty walking, difficult coordination, etc. See previous note.; Ajovy for headaches. Will use Ubrelyv or Nurtec if new lesions on brain MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; Numbness/tingling in LE.; Given steroid injections, HEP, and ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; Numbness/tingling in LE.; Given steroid injections, HEP, and ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	12/29/2020; There has been treatment or conservative therapy.; new onset of weakness in R hemibody, that started on RLE then RUE more distally than proximally accompanied by numbness. Pt woke up from sleep and fell to the floor noticing R foot was not working as it used to before. Difficulty walking due to unsteadine; On 01/03/21.;;given IV Steroids;;sent home w/ Decadron 2mg for 5 days;;Prednisone 60 mg, decrease to 10 mg every 3 days;;Pantoprazole for 30 days; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Main concern is if heart failure would prompt anticoagulation.; This study is being ordered for a neurological disorder.; October 2020; There has been treatment or conservative therapy.; felt severe vertigo as well as nausea and vomiting. He reported his right hand felt odd. His speech was slurred. He described his movements as "floaty"; His aspirin is been moved from 81-325. CT scan performed. He now has a pacemaker defibrillator ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Pt. has had seizures since age 17. Seizures becoming more frequent, altered mental status. Recently diagnosed w/Hep C.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Nuclear Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nuclear Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nuclear Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); having abdominal pain, swollen belly, no bowel movements; There has been an abnormal finding on physical exam; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Nuclear Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	1/8/21; There has not been any treatment or conservative therapy.; Pt has vaginal bleeding, post menopausal status post hysterectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	02/18/2021; There has been treatment or conservative therapy.; VAGINAL CANCERVASCULAR PAIN; BIOPSY AND PATH REPORT WAS SENT; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	3/17/2021; There has not been any treatment or conservative therapy.; endometrial adeno carcinoma; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	abdomen pain and bleeding and to rule out mass; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ADDITIONAL RESULTS NEEDED; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	endorses abdominal pain, does endorse pain intermittently in between periods; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	follow up of indeterminate pelvic mass at the vaginal cuff; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Mass is anterior to cervix; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	none; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for endometriosis.; A diagnosis of endometriosis been established.; The patient had a previous abnormal Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	unknown; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Will upload clinicals; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1/8/21; There has not been any treatment or conservative therapy.; Pt has vaginal bleeding, post menopausal status post hysterectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/18/2021; There has been treatment or conservative therapy.; VAGINAL CANCERVASCULAR PAIN; BIOPSY AND PATH REPORT WAS SENT; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/17/2021; There has not been any treatment or conservative therapy.; endometrial adeno carcinoma; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CT.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Reason: ELSE (system matched response); Patient presents with urinary frequency, urgency, dysuria, lower abdominal cramping, and foul-smelling urine. She has had a recurrent history of UTIs since 2012. Patient did have ultrasound that showed some echogenic areas in the endometrium.; unknown; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; It is unknown if there is known or suspicion of Infection or Inflammatory disease.; It is unknown if there is known or suspicion of Vascular disease.; It is unknown if prior imaging or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Check for a Fistula; This case was created via BBI.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); You are required to insert a reason ABD MASS; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		Pt. is a newly diagnosed cancer; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		Spontaneous Bloody Nipple discharge from left breast;Diagnostic Mammogram and ultrasound that both results were inconclusive;MRI recommended to rule out malignancy;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	per patient growing in size and are painful; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 12/18/2020; There has not been any treatment or conservative therapy.; HSG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	per patient growing in size and are painful; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 12/18/2020; There has not been any treatment or conservative therapy.; HSG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	High Risk/ Screening; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/22/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; OK; The members functional deficits are mild; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; OK; The members functional deficits are mild; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/21/2020; Left wrist fx repair; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ROM, strength and pain measurements, functional assessment; 75% disabled; ROM and strength mesasures; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEQDAS; 59/100; The anticipated number of visits is other than 2.; Unknown; unknown; Non-Surgical; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2020; CMC Arthroplasty with stablyx and CMC Arthrotomy and debridement 1st extensor release and synovectomy and 1st metacarpal osteotomy; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper extremity quick dash; Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; NA; NA; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/14/2020; Left wrist arthroscopy with triangular fibro cartilage complex debridement.; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request.; Three or more visits anticipated; QDASH; 50/55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Second Pass check point; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/01/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

Radiology Services Denied Not Medically Necessary

1/1/2021 - 3/31/2021	1/1/2021	Occupational Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; NA; NA; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PET/CT and MRI brain prior to her next exam for further evaluation of her response to treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; Brain mass or lesion, follow-up ;Restaging metastatic lung cancer; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; SURVEILLANCE OF BREAST/LUNG CANCER; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; There is documentation of a known tumor or a known diagnosis of cancer; This study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); ABD PAIN; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging. PET/CT and MRI brain prior to her next exam for further evaluation of her response to treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluoro-deoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown if No Info Given. >Diplopia; This study is being ordered for trauma or injury.; 12/2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown if No Info Given >Diplopia, Following head injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >Diplopia; This study is being ordered for trauma or injury.; 12/2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Diplopia, Following head injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Constant exophthalmos of left eye; This study is being ordered for Congenital Anomaly.; Constant exophthalmos of left eye; There has been treatment or conservative therapy.; Constant exophthalmos of left eye; Constant exophthalmos of left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 3/16/21; There has not been any treatment or conservative therapy.; suspicion of stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. >Papilledema associated with increased intracranial pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/09/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Papilledema associated with increased intracranial pressure. also pressure on optic nerve.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Low-tension glaucoma, bilateral, indeterminate stage; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Gross constriction on eye perrifiival changes on eye, Low-tension glaucoma, bilateral, indeterminate stage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	New onset of double vision. Gaze restriction in right eye- complains it is hard to look to the right ;New onset of esotropia 35 prism diopters in a healthy 20 yowm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/29/2021; There has not been any treatment or conservative therapy.; Blurred vision and h/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Parents concerned of vision loss and are interested in having a follow up MRI from May to see if any gradual changes. (May was 1st MRI ever) last MRI was at ACH- will need anesthesia; This study is being ordered for Congenital Anomaly.; 24 y/o WM here for orthoptic visit; Last exam x 6/11/20 with Dr. Phillips; Dx; 1. Cortical visual loss. Etiology - PVL, rule superimposed seizure activity.; 2. Esotropia due to 6th nerve palsy; 3. Developmental delay from intraventricular hemorrhage at b; There has been treatment or conservative therapy.; 1. Cortical visual loss. Etiology - PVL, rule superimposed seizure activity.; 2. Esotropia due to 6th nerve palsy; 3. Developmental delay from intraventricular hemorrhage at birth, spastic cerebral palsy, autism and seizures; 4. Optic nerve pallor.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	h/a hypertension; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Low-tension glaucoma, bilateral, indeterminate stage; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Gross constriction on eye perrifiival changes on eye, Low-tension glaucoma, bilateral, indeterminate stage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	nerve palsy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/06/2021; There has been treatment or conservative therapy.; paralytic serve eye pain, wears a eye patch. when takes patch off has double vision. type 2 diabetic, long term use of insulin; attaching the eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	New onset of double vision. Gaze restriction in right eye- complains it is hard to look to the right ;New onset of esotropia 35 prism diopters in a healthy 20 yowm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Parents concerned of vision loss and are interested in having a follow up MRI from May to see if any gradual changes. (May was 1st MRI ever) last MRI was at ACH- will need anesthesia; This study is being ordered for Congenital Anomaly.; 24 y/o WM here for orthoptic visit; Last exam x 6/11/20 with Dr. Phillips; Dx: 1. Cortical visual loss. Etiology - PVL, rule superimposed seizure activity.; 2. Esotropia due to 6th nerve palsy; 3. Developmental delay from intraventricular hemorrhage at b; There has been treatment or conservative therapy.; 1. Cortical visual loss. Etiology - PVL, rule superimposed seizure activity.; 2. Esotropia due to 6th nerve palsy; 3. Developmental delay from intraventricular hemorrhage at birth, spastic cerebral palsy, autism and seizures; 4. Optic nerve pallor.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	r/out tumor - mass vs neurological disorder; This study is being ordered for a neurological disorder.; 03/01/2021; There has not been any treatment or conservative therapy.; Slurred speech; headaches; memory loss (wife's name; tying shoes, etc...) syncope & collapse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown if No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2021; There has not been any treatment or conservative therapy.; Headache and orbital pain, visual field defects.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2021; There has not been any treatment or conservative therapy.; Headache and orbital pain, visual field defects.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Constant exophthalmos of left eye; This study is being ordered for Congenital Anomaly.; Constant exophthalmos of left eye; There has been treatment or conservative therapy.; Constant exophthalmos of left eye; Constant exophthalmos of left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; gross constriction on eyeperrifiival changes on eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	nerve palsy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/06/2021; There has been treatment or conservative therapy.; paralytic serve eye pain, wears a eye patch. when takes patch off has double vision. type 2 diabetic, long term use of insulin; attaching the eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	R/O mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	r/out tumor - mass vs neurological disorder; This study is being ordered for a neurological disorder.; 03/01/2021; There has not been any treatment or conservative therapy.; Slurred speech; headaches; memory loss (wife's name; tying shoes, etc...) syncope & collapse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown If No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; It is unknown if there is a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Constant exophthalmos of left eye; This study is being ordered for Congenital Anomaly.; Constant exophthalmos of left eye; There has been treatment or conservative therapy.; Constant exophthalmos of left eye; Constant exophthalmos of left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 3/16/21; There has not been any treatment or conservative therapy.; suspicion of stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknow; It is not known if there has been any treatment or conservative therapy.; gross constriction on eyeperrifiival changes on eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >Papilledema associated with increased intracranial pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/09/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given >Papilledema associated with increased intracranial pressure. also pressure on optic nerve.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	R/O mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Unknown If No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation., Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oral/Maxillofacial	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Oral/Maxillofacial	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown if Surgery will occur in the next 30 days	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Positive for RASA-1, rule out AVMS; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They did not have a previous Chest x-ray.;" A Chest/Thorax CT is being ordered.;" This study is being ordered for work-up for suspicious mass.;" Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.;" This study is being ordered for known tumor.;" Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.;" This study is being ordered for suspected pulmonary Embolus.;" Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient had pre admission testing prior to an upcoming surgery and chest xray showed possible enlargement of a hernia.;" This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;" ; It is not known if there has been any treatment or conservative therapy.;" ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.;" Yes, this is a request for a Chest CT Angiography.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Cervical radiculopathy; This study is not to be part of a Myelogram.;" This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	see clinicals; This study is not to be part of a Myelogram.;" This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.;" There is no known condition of tumor, infection, or neurological deficits.;" There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis.; ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	of the lumbar spine with the patient today, and discussed the findings in detail. We specifically discussed his severe degree of flat back as well as anterior SVA, adjacent segment degenerative changes at L2-3, a; This study is being ordered for Congenital Anomaly.; 08/07/2017; There has been treatment or conservative therapy.; complains of some occasional radiating pain into his left posterior leg, however, it is infrequent and his chronic, however, it is infrequent and his pain is mainly in his lower back. He denies any numbness or weakness in his lower extremities, and also d; 3-S1 instrumented fusion on 5e has had extensive conservative treatments in the past, including physical therapy and multiple epidural steroid injections/8/12, His most recent injection was done on 06/16/2020, without any relief. by Dr. Sealehe patient h; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	Patient has tried several years of pain management as well as surgery with no relief; This study is being ordered for a neurological disorder.; 02/02/2015; There has been treatment or conservative therapy.; Mid and low back pain with weakness, numbness, bowel/bladder changes and falls; Patient has had Surgery, pain pump and several medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	of the lumbar spine with the patient today, and discussed the findings in detail. We specifically discussed his severe degree of flat back as well as anterior SVA, adjacent segment degenerative changes at L2-3, a; This study is being ordered for Congenital Anomaly.; 08/07/2017; There has been treatment or conservative therapy.; complains of some occasional radiating pain into his left posterior leg, however, it is infrequent and hischronic, phowever, it is infrequent and his pain is mainly in his lower back. He denies any numbness or weakness in his lower extremities, and also d; 3-S1 instrumented fusion on 5e has had extensive conservative treatments in the past, including physical therapy and multiple epidural steroid injections/8/12, His most recent injection was done on 06/16/2020, without any relief. by Dr. Sealehe patient h; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	Patient has tried several years of pain managment as well as surgery with no relief; This study is being ordered for a neurological disorder.; 02/02/2015; There has been treatment or conservative therapy.; Mid and low back pain with weakness, numbness, bowel/bladder changes and falls; Patient has had Surgery, pain pump and several medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; Back and neck pain began approx. 12/10/20; There has been treatment or conservative therapy.; Neck pain with radiculopathy to the upper extremities. Low back pain with radiculopathy to the lower extremities; Patient has had physical therapy, OTC anti inflammatories and Difenac twice daily; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Exam shows an apical truncal rotation in the thoracic spine of 18 degrees in the lumbar spine of 5 degrees. She is neurologically intact. No long track signs.;X-rays of the entire spine were reviewed. Is clear that she has thoracic hypokyphosis on sagi; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Exam;;Appearance: No atrophy;Deformity;;None;Skin;;Intact;Neck: ;Full range of motion with no tenderness. ;Vascular:2 + bilateral radial pulse. ;Lymphatics;;No lymphedema;Palpable tenderness;; Mildly tender AC joi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2020; There has been treatment or conservative therapy.; His pain increases with lifting weight or twisting his arm as he flexes his shoulder. He notes his arm and hand go to sleep periodically.; Due to failure of conservative treatment to include rest, anti-inflammatories, steroid injection, recommend MRI cervical spine and right shoulder to evaluate for rotator cuff tear, cervical radiculopathy, herniated disc.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	no improvement to symptoms following 8 weeks of physical therapy, steroid shot, and NSAIDs. evaluation for etiology of pain-cervical/neurological problem vs shoulder joint/muscular problem.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initial exam on 10/15/2020; There has been treatment or conservative therapy.; right shoulder and cervical pain; patient has tried NSAIDs, physical therapy, steroid injections, and activity modification with no improvement.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Trauma or recent injury; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and/or inner surface of the thighs) is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Unilateral focal muscle wasting	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Exam shows an apical truncal rotation in the thoracic spine of 18 degrees in the lumbar spine of 5 degrees. She is neurologically intact. No long track signs.;;X-rays of the entire spine were reviewed. Is clear that she has thoracic hypokyphosis on sagi; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Neurological: Positive for weakness and numbness.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; right sensory disturbance along the right L5 dermatome/S1 dermatome/paresthesia;Right lower extremity discomfort which he isolates to a specific dermatome that resembles the L5/S1 dermatome on the right.;2 views of the thoracic, and 4 views of the lumba	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Gait disturbance, diffuse upper and lower extremity weakness with activity. Evidence of long track signs are noted in bilateral lower extremities.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Weakness in the lower extremities are causing falls	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; Back and neck pain began approx. 12/10/20; There has been treatment or conservative therapy.; Neck pain with radiculopathy to the upper extremities. Low back pain with radiculopathy to the lower extremities; Patient has had physical therapy, OTC anti inflammatories and Dilofenac twice daily; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Exam shows an apical truncal rotation in the thoracic spine of 18 degrees in the lumbar spine of 5 degrees. She is neurologically intact. No long track signs.;;X-rays of the entire spine were reviewed. Is clear that she has thoracic hypokyphosis on sagi; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Abnormal Reflexes	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; it is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Cauda Equina Syndrome is documented; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; None of the above best describe the abnormality as documented; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury. worsening symptoms, no relief with conservative care; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	; This study is being ordered for trauma or injury.; 02/15/2021; There has been treatment or conservative therapy.; pain in left shoulder. shoulder is dislocated.; sling was placed with no relief as well as nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	39 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	MRI of humerus to evaluate for muscle injury and cervical neck to evaluate for nerve root entrapment; This study is being ordered for trauma or injury.; injury to the left upper arm and neck that occurred in February of 2020.; There has been treatment or conservative therapy.; aching, a sharp, and a burning quality with midshaft humerus pain, posterior and lateral. It radiates into the neck.;paraspinous muscle tenderness present mid cervical spine with marked limitation of ROM secondary to pain; The patient was treated there where he was given muscle relaxers and nsaid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; It is not known if there has been any treatment or conservative therapy.; catching and popping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for trauma or injury.; 02/15/2021; There has been treatment or conservative therapy.; pain in left shoulder. shoulder is dislocated.; sling was placed with no relief as well as nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>operative pain. Patient does have chronic pain and degenerative arthritis of the cervical spine which may be a contributing factor to her upper extremity pain. Patient recently had a nerve ablation performed by her; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; First clinical appointment was January 31, 2020, but patient states the pain was chronic long before that date.; There has been treatment or conservative therapy.; Weakness, shakiness, pain, numbness and tingling in the right wrist/elbow. Severe pain with even the simplest of movements. Burning along the ulnar forearm radiating into the hand. Burning in the hand involves both the median and ulnar nerve distributions; NSAIDs, physical and occupational therapy, activity modification, surgery, pain medication, and nerve ablations.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs</p>	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>Discussion Notes;patient has signs and symptoms of a full thickness rotator cuff tear of the left shoulder and the right shoulder a partial tear, will get mri of both and see back. the pain keeps her up at night.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enteduration: date of onset: (2019); There has not been any treatment or conservative therapy.; Shoulders: Inspection Right: no atrophy or swelling. Inspection Left: no atrophy or swelling. Bony Palpation Right: tenderness of the clavicle lateral one-third, the greater tuberosity, and the bicipital groove. Bony Palpation Left: tenderness of the clav; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Examination of the right elbow show diffuse tenderness especially at the posterior aspect.;There is also at the anterior aspect sensation of clicking during the pronation and supination.;I discussed with the patient the differential diagnosis include po; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Exam.;Appearance: No atrophy;Deformity:None;Skin;Intact;Neck:;Full range of motion with no tenderness.;Vascular:2 + bilateral radial pulse.;Lymphatics:;No lymphedema;Palpable tenderness:;Mildly tender AC joi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2020; There has been treatment or conservative therapy.; His pain increases with lifting weight or twisting his arm as he flexes his shoulder. He notes his arm and hand go to sleep periodically.; Due to failure of conservative treatment to include rest, anti-inflammatories, steroid injection, recommend MRI cervical spine and right shoulder to evaluate for rotator cuff tear, cervical radiculopathy, herniated disc.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	no improvement to symptoms following 8 weeks of physical therapy, steroid shot, and NSAIDs. evaluation for etiology of pain-cervical/neurological problem vs shoulder joint/muscular problem.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initial exam on 10/15/2020; There has been treatment or conservative therapy.; right shoulder and cervical pain; patient has tried NSAIDs, physical therapy, steroid injections, and activity modification with no improvement.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	recurrent ganglion cysts of left wrist, multiple excisions; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right elbow pain, suspected medial collateral ligament injuries from chronic strain playing baseball. discussions centering around the need for Tommy John surgery; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Rule out TFCC tear; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	She has continued to have pain despite these interventions;and recently when she tried cheerleading again this past week her pain was the same, which was worse in;terminal extension of the elbow. I reviewed her x-rays again and it is possible that she h; This study is being ordered for trauma or injury.; Nov'2020; There has been treatment or conservative therapy.; She has been having posterior lateral elbow pain for the past 6 months. She initially noticed it while cheerleading;but her elbow bothers her even with routine activities now.; She has taken some time off from activities to rest her;elbow but continues to have some pain. When I saw her 2 months ago she was instructed to take strict rest on;her elbow and was given a prescription for Mobic. She has continued to have pain despite; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Specific Findings: Right and left shoulder-s/p DCE and biceps tenodesis; This study is being ordered for trauma or injury.; 03/16/2021; There has been treatment or conservative therapy.; He describes the symptoms as aching and dull and associated with pain and weakness. Symptoms are;provoked by lifting away from body and moving the shoulder.;Specific Findings: Right and left shoulder-s/p DCE and biceps tenodesis; Treatment has consisted of rest, ice, surgery for 3/8/19;right shoulder arthroscopic rotator cuff repair using a double row technique, left shoulder surgery, and Tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	SUSPECTED RIGHT DISTAL BICEPS TEAR WITH ELBOW PAIN. SURGERY WILL BE SCHEDULED IF MRI SHOWS THAT IT IS WARRENTED. XRAYS ARE NORMAL.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	19 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy?; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; It is not known if the physician has directed a home exercise program for at least 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	51 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Cannot agree/affirm; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; It is not known if the physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient did activity modification; The patient received oral analgesics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	18 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	15 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	43 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The ordering MDs specialty is Orthopedics.; Agree	11 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has not directed a home exercise program for at least 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Treated with Hydeocodone, ice and heat. Attacked by a bull mastiff in 2019. Pain is an 8 out of 10 currently.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The ordering MDs specialty is Orthopedics.; Agree	14 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Vascular insufficiency along the radial artery distribution of the left upper extremity.; focusing on the radial artery distribution.; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Wrist pain, ganglion cyst suspected, neg xray; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	approaching 10 months post ORIF comminuted left proximal tibial plateau fracture. This patient has improved his motion but is still having chronic pain and I cannot prove on his radiographs that he has a solid union. Certainly his articular surface is not; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	ct needed for surgical planning for knee replacement using robotic assistance; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation., This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	knee ct knee for surgical planning for knee replacement; This is a preoperative or recent postoperative evaluation., This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient is having ongoing pain about the right knee pain. Is been worsening over the past 6 to 9 months. She is having difficulty ambulating. She is having difficulty with activities daily life. She has been through therapy in the past is only made it wor; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Planning for MAKO TKA; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	pre op planning for total knee replacement w robotic assistance.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Right knee pain and effusion after a hyperflexion injury secondary to a fall. This is in the setting of a complex patella fracture treated by an outside surgeon with malunion of the fracture. CT scan with metal suppression of the right knee to evaluate for; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Standing AP and lateral views of the right knee were obtained in the office today: Bone on bone cartilage interval loss medially, distal femur, proximal tibia, varus alignment bilaterally, IM nail present right femur.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	up for Hip Pain on the right hip. He was seen on November 17, 2020, at which time counseling hip pain was performed and he was treated with Injection Trigger Point.; The patient presents for further evaluation ; This study is being ordered for trauma or injury.; 11/17/2020; There has been treatment or conservative therapy.; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020, at which time counseling hip pain was performed and he was treated with Injection Trigger Point.; The patient presents for further evaluation ; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020, at which time counseling hip pain was performed and he was treated with Injection Trigger Point.; The patient presents for further evaluation ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2021	Jan-Mar 2021

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.

1/1/2021 -
3/31/2021

1/1/2021

Orthopedics

Approval

73700 Computed tomography, lower extremity; without contrast material

1 2021

Jan-Mar 2021

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT

1/1/2021 -
3/31/2021

1/1/2021

Orthopedics

Approval

73700 Computed tomography, lower extremity; without contrast material

1 2021

Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT.; A Total Hip Arthroplasty is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	this is ct for pre op of tka; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	To get appropriate measurements on version and to see whether a rotational osteotomy of the femur along with a tibial tubercle anterior medialization is appropriate or whether tibial tubercle anterior medialization is appropriate on its own versus simple ; This study is being ordered for trauma or injury.; 1982; There has been treatment or conservative therapy.; Chronically and permanently dislocated right kneecap with patella alta. About 2-3 months ago, her left patella became dislocated and now stays out pretty much all the time.; In 1982, she suffered an injury which made her a T12-L1 paraplegic. Her right knee was fixed initially by a previous physician in the late 1990s.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	unknown; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray total knee revision no signs of any loosening status post right total knee revision with postop arthrofibrosis. She is failed therapy antiinflammatories I recommend a CAT scan I recommend blood work if this comes back normal I recommend lysis of adh; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray;;Standing AP, lateral, PA flex, and sunrise views of the right knee demonstrate no fractures. Hardware in the proximal tibia consistent with tibial tubercle osteotomy. Tricompartmental joint space narrowing, most significant medial and patellofemor; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without contrast material(s), followed by contrast material(s) and further sequences	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020,;at which time counseling hip pain was performed and he was treated with Injection Trigger Point.;The patient presents for further evaluation ; There has been treatment or conservative therapy.; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020,;at which time counseling hip pain was performed and he was treated with Injection Trigger Point.;The patient presents for further evaluation ; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020,;at which time counseling hip pain was performed and he was treated with Injection Trigger Point.;The patient presents for further evaluation ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for trauma or injury.; 02/01/2021; There has been treatment or conservative therapy.; shin/anterior tibia for the mid to distal tibia, bilaterally.; has been wearing a walking boot for several weeks as well as undergoing ATC guided therapy with athletic trainers. rest, ice, elevation, anti-inflammatory, stretching and activity/sports modifications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for trauma or injury.; This is a 62 year old female who presents for evaluation of left knee pain. Symptoms began 1 year ago as a;result of slipping and falling on 03/22/2020 . The pain is sharp. In addition, the patient rates their pain as 8 out of 10;currently. The pain is ; There has not been any treatment or conservative therapy.; This is a 62 year old female who presents for evaluation of left knee pain. Symptoms began 1 year ago as a;result of slipping and falling on 03/22/2020 . The pain is sharp. In addition, the patient rates their pain as 8 out of 10;currently. The pain is ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Complex tear of the meniscus; This study is being ordered for trauma or injury.; 5/15/2020; There has been treatment or conservative therapy.; Patient has sever knee pain McMurray test Positive joint pain; Patient has had Inseeds, surgery and HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	FOCUSED EXAM: Right Knee Exam;;Gait;antalgic gait;Alignment;;No varus or valgus deformity;skin;; Intact;Effusion;;None;Palpation;;Tenderness along medial joint line, no masses;Patellar mobility;; normal and the patella tracks well;Range of ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2020; There has not been any treatment or conservative therapy ; pain and weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;" There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture) ; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a walking cast for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were normal.; The patient had abnormal lab studies.; A white blood cell count was completed.; The white blood cell count was normal.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; It is unknown if surgery is planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; Arthroscopic surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Swelling greater than 3 days; Arthroscopic surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	285 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; It is unknown if surgery is planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Pain greater than 3 days; Arthroscopic surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization; Surgery is being planned.; Arthroscopic surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The plain films were not normal.; This study is being ordered for Known or Suspected Joint Infection	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	XRAY: X-rays taken today 4 views right knee show some diffuse sclerosis in the distal femur metaphyseal region and the medial femoral condyle consistent with possible osteonecrosis.; This is a request for a Knee MRI.; This study is being ordered for Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; No, the plain films/scans are not normal.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without contrast material(s), followed by contrast material(s) and further sequences	xrays show mild medial compartment osteoarthritis in left and right knee ;Probable patella femoral syndrome;or medical meniscus tears bilaterally. Ordered MRI for diagnostic purposes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2020; There has been treatment or conservative therapy.; 1.left knee pain with instability;2. right knee pain with instability; NSAIDS , ;home exercise program: physician directed and patient demonstrated understanding.;Analgesics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020,;at which time counseling hip pain was performed and he was treated with Injection Trigger Point.;The patient presents for further evaluation ; There has been treatment or conservative therapy.; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020,;at which time counseling hip pain was performed and he was treated with Injection Trigger Point.;The patient presents for further evaluation ; This is a 61 year old male who is following up for Hip Pain on the right hip. He was seen on November 17, 2020,;at which time counseling hip pain was performed and he was treated with Injection Trigger Point.;The patient presents for further evaluation ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	24 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injury is not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient had pre admission testing prior to an upcoming surgery and chest xray showed possible enlargement of a hernia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 55%; don't know; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; ; Three or more visits anticipated; OSWESTRY; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-09-2020; Left shoulder Arthroscopic; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; LEFS; 72%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 12.5%; 12.5%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 43; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021	
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI of humerus to evaluate for muscle injury and cervical neck to evaluate for nerve root entrapment; This study is being ordered for trauma or injury.; injury to the left upper arm and neck that occurred in February of 2020.; There has been treatment or conservative therapy.; aching, a sharp, and a burning quality with midshaft humerus pain, posterior and lateral . It radiates into the neck.;paraspinous muscle tenderness present mid cervical spine with marked limitation of ROM secondary to pain; The patient was treated there where he was given muscle relaxers and nsoids.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tested positive cross a 1 gene mutation. She has a vascular malformation involving the anterior chest wall above the right breast and a 2nd in the left arm. She is at risk for other AVMs particularly intracranial or intra thoracic or intra-a; This study is being ordered for Congenital Anomaly.; Unknown; It is not known if there has been any treatment or conservative therapy.; The examination of the anterior chest wall shows an irregular pink superficial vascular malformation involving the skin and subcutaneous tissues of the right inner breast.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in thoracic spine; There is no radiologic evidence of mediastinal widening.; It is not known if there is a known inflammatory disease.; It is not known if there is a known tumor.; There is known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having lt scapular pain along w lt shoulder pain. pt did have ct lt shoulder but scapula wasn't imaged fully. need to eval for any abnormalities as pt has specific area of pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	history of neck surgeries, cervicalgia w right side radiculopathy.; The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ,Bowel or bladder dysfunction, Evidence of new foot drop, etc...; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	L SHOULDER PAIN AND CERVICAL PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar back pain and lower extremity claudication; This study is being ordered for trauma or injury.; 2019; There has been treatment or conservative therapy.; low back pain and bilateral lower extremity numbness.; He is undergone several rounds of epidural injections over the past year with no significant relief in symptoms. He has tried a back brace, which helps his back pain, however does not help his leg numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; CT of the lumbar spine to evaluate implant positioning for loosening and fusion. Low Back Pain, Since their last visit, patient reports feeling Worse.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; The patient is a 16-year-old female here today for follow-up of MRI results of the lumbar spine and for reevaluation of chronic low back pain. I told mom I still feel like her presentation is consistent with spondylolysis. The pain is significantly wors; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; This study is being requested for None of the above; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar back pain and lower extremity claudication; This study is being ordered for trauma or injury.; 2019; There has been treatment or conservative therapy.; low back pain and bilateral lower extremity numbness.; He is undergone several rounds of epidural injections over the past year with no significant relief in symptoms. He has tried a back brace, which helps his back pain, however does not help his leg numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Rule out both radiculopathy and plantar fasciitis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2020; There has been treatment or conservative therapy.; Foot - limp, plantar heel spur, , radiculopathy;;Lower Back - low back pain, radiculopathy; NSAIDS and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain; It is unknown when the pain started; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Cauda Equina Syndrome is documented; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	bilateral hip pain;Localized secondary osteoarthritis of the right hip and left hip. Legg-,Perthe's disease; This is a request for a Pelvis MRI; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.; Surgery is planned for within 30 days.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	L SHOULDER PAIN AND CERVICAL PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 04/06/2020; There has been treatment or conservative therapy.; Recurrent dislocation of left shoulder; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	ocal swelling at the base of the palm extending to near the level of the end of the carpal tunnel. Intact function of the FPL, and the FDS and FDP to all digits. Forearm pain is the worst with ring and small finger flexion. No erythema or skin changes in ; This study is being ordered for a neurological disorder.; 02/21/2020; There has been treatment or conservative therapy.; hand swelling;tingling;pain;swelling long the flexor tendon with ballotable feeling tenderness over the flexion,,pain with flexion of the digits; OT therapy;surgery;medication;home exrcise;bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; It is not known if there has been any treatment or conservative therapy.; catching and popping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	FOCUSED EXAM: Right Knee Exam;;Gait;;antalgic gait;Alignment;;No varus or valgus deformity;skin;; Intact;Effusion;;None;Palpation;;Tenderness along medial joint line, no masses;Patellar mobility;; normal and the patella tracks well;Range of ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2020; There has not been any treatment or conservative therapy ; pain and weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	ocal swelling at the base of the palm extending to near the level of the end of the carpal tunnel. Intact function of the FPL, and the FDS and FDP to all digits. Forearm pain is the worst with ring and small finger flexion. No erythema or skin changes in ; This study is being ordered for a neurological disorder.; 02/21/2020; There has been treatment or conservative therapy.; hand swelling;tingling;pain;swelling long the flexor tendon with ballotable feeling tenderness over the flexion;;pain with flexion of the digits; OT therapy;surgery;medication;home exrcise;bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pain in bilateral shoulders; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; OTC Tylenol, Ibuprofen	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The ordering MDs specialty is Orthopedics.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 04/06/2020; There has been treatment or conservative therapy.; Recurrent dislocation of left shoulder; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Painful SI Joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SI Joint pain patient has had a fluoroscopic guided injection in her R SI joint before and she states it helps her pain tremendously .; There has been treatment or conservative therapy.; Right hip pain sacroiliac joint dysfunction; Patient has received the following treatments heast, rest, Pt and injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Diagnosis: This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Diagnosis: This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT.; A Total Hip Arthroplasty is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Diagnosis: This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/22/2021; There has been treatment or conservative therapy.; Symptoms include anterior pain, posterior pain, having felt;a pop, stiffness, locking, numbness, and tingling. The patient describes symptoms as constant, aching, sharp;throbbing, causing difficulty with every day activity, and nocturnal awakening . ; Bilateral steroid cortisone injection no improvement. He had sx on the right knee back in 2017. ;Rest, ice, NSAIDS, and home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; UNKNOWN; There has not been any treatment or conservative therapy.; MMT OF LEFT AND RIGHT KNEE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Rule out both radiculopathy and plantar fasciitis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2020; There has been treatment or conservative therapy.; Foot - limp, plantar heel spur, , radiculopathy;;Lower Back - low back pain, radiculopathy; NSAIDS and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	She has bilateral severe patellofemoral crepitus. Severe tenderness at the medial joint line. Lachman and AP drawer negative. She has soft tissue swelling, effusion on the right.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/9/2020, There has been treatment or conservative therapy.; Pain with walking, standing, bending, and stairs. Positive night pain.;She has soft tissue swelling, effusion; physical therapy, knee brace, anti inflammatory medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 17.2021; There has been treatment or conservative therapy.; SLIGHT SWELLING, MEDIAL AND LATERAL JOINT LINE TENDERNESS, EFFUSION, PAIN WITH WEIGHTBEARING.; HAS HAD INJECTIONS,ACTIVITY MODIFICATION,NSAID BUT NONE GAVE HIM ANY RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient has tested positive cross a 1 gene mutation. She has a vascular malformation involving the anterior chest wall above the right breast and a 2nd in the left arm. She is at risk for other AVMs particularly intracranial or intra thoracic or intra-a; This study is being ordered for Congenital Anomaly.; Unknown; It is not known if there has been any treatment or conservative therapy.; The examination of the anterior chest wall shows an irregular pink superficial vascular malformation involving the skin and subcutaneous tissues of the right inner breast.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Orthopedics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 55%; don't know; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	71250 Computed tomography, thorax; without contrast material		none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; abnormal CXR, scar tissue; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Chest injury or trauma within the past 2 weeks	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	none; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Osteopath	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; Pt c/o severe HA & visual disturbances since the trauma to head. Also c/o abd pain, dysuria, & hematuria; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/17/21; There has been treatment or conservative therapy.; FOOT DROP, WEAKNESS; AFO; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Chronic sinusitis; Reason: Sinusitis (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	eval right hilar lymph node for change Thyroid cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Localized enlarged lymph nodes; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is for a follow up on his stage IV piriform sinus cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown if No Info Given. It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck and carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); Agree; Cluster headache; ; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); Agree; Persistent headache with little or no improvement with attempted treatment describes the headache's character; You are required to insert a reason. Recently was in DRMC ER for possible stroke. Pts son, Bobby, states that he had a very hard time rousing the patient on the morning of 3/1 and had significant confusion with repetitive conversations, etc. He did not have; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; visual disturbance dizziness and hypertension; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; CT H/C/A/P (2/10/21) showed multiple enhancing masses scattered throughout cerebral hemispheres appear consistent with multifocal intracranial metastatic disease.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Headache (system matched response); Agree; headaches	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	3/12/2021; There has been treatment or conservative therapy.; invasive ductal breast cancer; CHEMOTHERAPY;;Taxotere/Carbo/Herceptin/Perjeta to start 03/25/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	4/19/2019; There has been treatment or conservative therapy.; Malignant melanoma (disorder; Malignant Melanoma.; Intron A , 46 million units IV (6/29/15-7/24/15) series completed; Intron A , 23 million units (8/3/15-8/13/15) lowered secondary to intolerable side effects; Intron A, 18 million units (8/13/15-9/2/15) lowered second; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	7/25/2017; There has been treatment or conservative therapy.; Primary, Right breast upper-outer quadrant.; High carcinoembryonic antigen level;Hormone receptor positive tumor;Stage IIa invasive lobular carcinoma of the upper outer quadrant right breast, dx 07/25/17 via lumpectomy. Nottingham Grade 3, tumor size 5; SURGERY;; s/p right lumpectomy with sentinel node dissection (07/25/17);AI THERAPY; Tamoxifen- 12/3/2019; Femara start date 12/3/2019- Ongoing;XRT;; referral made 8/23/17, consult 8/30/17;HORMONE THERAPY;; Zoladex 9/2017- ONGOING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	10/10/2019; There has been treatment or conservative therapy.; He had a lump in his right testicle.; He had a right orchiectomy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	12/3/2020; There has been treatment or conservative therapy.; PELVIC AND ABDOMINAL PAIN; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	2018; There has been treatment or conservative therapy.; Anemia of chronic renal failure; Left partial nephrectomy 01/2018; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Abn tests, lung nodule greater than 8mm; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	chest ct 1 year ago, showed nodules recommended 1 year follow up. member is a current everyday smoker., "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	eval right hilar lymph node for change Thyroid cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	found a nodule in the patients lung; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Interval development of multiple indeterminate well-circumscribed;solid pulmonary nodules, which could be infectious, given the short time frame of development. Short-term follow-up in 2-3 months is recommended to assess for interval change.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Localized enlarged lymph nodes; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Patient is seeing the oncologist for history of sarcoma. These tests are being ordered for follow to check for mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient has a personal history of smoking 1-2 packs daily for last 40 years. Has history of COPD.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; 10lb weight loss since GI appointment 11/25/2020;strong family history of cancer; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Innumerable Pulmonary Nodules on CTA chest done 12-9-2020; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; chest wall pain; Reason: Chest pain (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Abnormal findings on imaging test Encounter for long-term (current) use of other medications.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Dyspnea, chest pain; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Fluid collection right lateral chest extending into right axilla. Confined to muscle tissue. This was recommended per previous diagnostic imaging.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung cancer follow up; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PULMONARY NODULES; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Xray obtained with no acute processes noted. Mammogram and CT scheduled for location of pain to breast and hx of tobacco use. RX sent for ST pain relief.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; under went CT of Neck was abnormal. reports of lymph nodes. Radiologist recommended chest ct; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; It is unknown if there is a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is for a follow up on his stage IV piriform sinus cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Thoracic aorta disease, pre-op planning; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	To evaluate patient for lung cancer and look for metastasis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	none; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This patient has an ascending thoracic aortic aneurysm approximately 4.4 cm in diameter from a study done in 3/17/2020. this is to follow up to see if any changes; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/17/21; There has been treatment or conservative therapy.; FOOT DROP, WEAKNESS; AFO; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ROM: Flexion: 30 Extension: 10 Lateral Flexion Right: 30 Left: 30; Straight leg raise was negative.; Generalized weakness in lower extremities to include knee flexion, hip flexion. Good strength with hip adduction/abduction, dorsiflexion, ankle exten; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment produced negative results in her ability to show improvement.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 10/24/2019 initial visit with provider for these issues; There has been treatment or conservative therapy.; numbness and tingling in limbs. pain in neck and lower back. Patient has been diagnosed with bulging disc of lumbar spine.; Patient has had PT and medication management.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has failed all conservative treatment.; 05/18/2020; There has been treatment or conservative therapy.; Pain in neck and back; Heat/Ice/ Stretches, medications, chiropractic care, and physical therapy.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has failed all conservative treatment.; 05/18/2020; There has been treatment or conservative therapy.; Pain in neck and back; Heat/Ice/ Stretches, medications, chiropractic care, and physical therapy; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; It is unknown when the pain started	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Foot Drop is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Pre-operative evaluation; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pelvis pain, osteomyelitis suspected, xray done ;bilateral hip, LE pain; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI.; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is NOT a scheduled date with an orthopedic specialist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74150 Computed tomography, abdomen; without contrast material	Patient is seeing the oncologist for history of sarcoma. These tests are being ordered for follow to check for mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal swelling.; There has been an abnormal finding on physical exam.; It is unknown if there is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74150 Computed tomography, abdomen; without contrast material	To evaluate patient for lung cancer and look for metastasis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/12/2021; There has been treatment or conservative therapy.; invasive ductal breast cancer; CHEMOTHERAPY;;Taxotere/Carbo/Herceptin/Perjeta to start 03/25/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/19/2019; There has been treatment or conservative therapy.; Malignant melanoma (disorder); Malignant Melanoma.; Intron A , 46 million units IV (6/29/15-7/24/15) series completed; Intron A, 23 million units (8/3/15-8/13/15) lowered secondary to intolerable side effects; Intron A, 18 million units (8/13/15-9/2/15) lowered seconda; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/25/2017; There has been treatment or conservative therapy.; Primary, Right breast upper-outer quadrant.; High carcinoembryonic antigen level;Hormone receptor positive tumor;Stage IIa invasive lobular carcinoma of the upper outer quadrant right breast, dx 07/25/17 via lumpectomy. Nottingham Grade 3, tumor size 5; SURGERY.; s/p right lumpectomy with sentinel node dissection (07/25/17);AI THERAPY; Tamoxifen- 12/3/2019; Femara start date 12/3/2019- Ongoing;XRT.; referral made 8/23/17, consult 8/30/17;HORMONE THERAPY.; Zoladex 9/2017- ONGOING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/10/2019; There has been treatment or conservative therapy.; He had a lump in his right testicle.; He had a right orchiectomy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/3/2020; There has been treatment or conservative therapy.; PELVIC AND ABDOMINAL PAIN; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2018; There has been treatment or conservative therapy.; Anemia of chronic renal failure; Left partial nephrectomy 01/2018; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Localized enlarged lymph nodes; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has Ileitis; colitis; and bloody stools; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; large volume bloody stools; EGD and colonoscopy with multiple biopsies; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Flank pain, kidney stone suspected; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Left lower quadrant pain; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient has pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); continued surveillance of his colon cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Thoracic aorta disease, pre-op planning; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Newly diagnosed heart failure with reduced ejection fraction; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; receiving cardiotoxic chemotherapy; evaluate EF	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78813 Positron emission tomography (PET) imaging; whole body	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/08/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed confirm chest pain was of cardiac origin	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study; Don't know if a previous Transthoracic Echocardiogram was done or in what timeframe; This is NOT an initial evaluation of a patient not seen in this office before.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; unknown; Enter score here Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/23/2020; rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 84; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/25/2020; Shoulder arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 50; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; UNKNOWN; Enter score here Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 73; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Elbow; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated; OSWESTRY; 84; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; OSWESTRY; 74; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT'S PAIN AND SWELLING ARE WORSE. THE LESIONS IN THE MOUTH ARE NOT GETTING BETTER; This study is being ordered for Inflammatory/ Infectious Disease.; PATIENT IS CONTINUING TO HAVE SWELLING AND PAIN THE RIGHT SIDE OF THE FACE AND NECK. THE CONDITION IS WORSE THAN AT HER PREVIOUS EXAM. PATIENT ALSO HAS A LESION ON HER TONGUE THAT SHE IS SCHEDULED TO HAVE A BIOPSY OF.; It is not known if there has been any treatment or conservative therapy.; RIGHT SIDE FACE AND NECK SWELLING AND PAIN. RIGHT EAR PAIN. SORES IN MOUTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT'S PAIN AND SWELLING ARE WORSE. THE LESIONS IN THE MOUTH ARE NOT GETTING BETTER; This study is being ordered for Inflammatory/ Infectious Disease.; PATIENT IS CONTINUING TO HAVE SWELLING AND PAIN THE RIGHT SIDE OF THE FACE AND NECK. THE CONDITION IS WORSE THAN AT HER PREVIOUS EXAM. PATIENT ALSO HAS A LESION ON HER TONGUE THAT SHE IS SCHEDULED TO HAVE A BIOPSY OF.; It is not known if there has been any treatment or conservative therapy.; RIGHT SIDE FACE AND NECK SWELLING AND PAIN. RIGHT EAR PAIN. SORES IN MOUTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	h/o basilar aneurysm with clip 2018, h/o migraine headaches, uncontrolled, HTN, HLD, DM.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	h/o basilar aneurysm with clip 2018, h/o migraine headaches, uncontrolled, HTN, HLD, DM.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01/28/2020; There has been treatment or conservative therapy.; None; Removal of polyp that was cancerous.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/09/2021; There has been treatment or conservative therapy.; Shortness of breath; Pericardial Infusions, Medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Charles M Collins is a pleasant 64 y.o. year-old male who is being seen in the CVT surgery clinic for follow up. Mr. Collins has known thoracic aortic aneurysm, hypertension, tobacco use and obesity. He is back after having a CT chest on 7/21/2020 and i; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest pain with cardiac murmur lloud cardiac murmur and carotid bruit on left coritd artery family history of CAD not managed well hypertension; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CONCERN FOR METASTATIC DISEASE; RESTAGING DURING CHEMOTHERAPY; There has been treatment or conservative therapy.; FATIGUE, NAUSEA, DYSURIA, burning with urination, MIMIMAL NEUROPATHY; cycle #4 carbo/taxol/Avastin today;UAMS CBC, CMP, Mg, Phos reviewed and discussed with patient;Continue weekly labs at PCP office;Neulasta added to chemo regimen for neutropenia prophylaxis; Post med steroids reduced to 4 mg twice daily to prevent hype; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Cough ;interstitial lung disease ;abnormal ct, smoker; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Extreme shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has Ileitis; colitis; and bloody stools; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; large volume bloody stools; EGD and colonoscopy with multiple biopsies; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PULMONARY NODULES; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Carcinoma of the Lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	C/o joint and soft tissue pain; pain level 8/10; fell 11/21 has had neck pain since; hx osteoarthritis to left hip and pain; quiet trigger finger locks when bends; hypertension; h/a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; Back Pain; At Home Exercises, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; Back Pain; At Home Exercises, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient presented with low back pain, it started 24 months ago, without injury(sharp pains since having a back spasm), located at low back, worsening with bending, improved with bending forward, pain rated by average 2-3 or 5-6/10, patient described pain ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; The pain is aching, sharp and tingling and all day, and the patient rates the pain 9/10.The pain radiates to BLE. The pt is experiencing weakness in BLE and tingling in BLE with numbness and tingling at feet/toes; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Will upload clinicals; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 08/15/2020; There has been treatment or conservative therapy.; NECK PAIN HEAD ACHE DIZZINESS;LOW BACK PAIN NUMBNESS IN LEGS; NSAIDS, PT, STERIOD, REST AND BRACING; This study is being ordered for Neurological Disorder Cervicalgia, and Right Knee Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX INFO; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; There has been treatment or conservative therapy.; Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; Medication; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; 2019; There has been treatment or conservative therapy.; Pain in mid and lower back; Meds, x-rays, at home exercises, heat/ice, spinal fusion; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX INFO; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	GAIT DISTURBANCE, HIP & BACK PAIN, IT IS HOT, BURNING, STABBING, RADIATES TO THE BACK LEFT & RIGHT HIP. WORLSE BY STANDING/WALKING, WAKES HIM UP AT NIGHT. WEAKNESS IN LEGS; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Intermittent back pain, bilateral leg pain and numbness/tingling, discoloration of legs; Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; There has been treatment or conservative therapy.; Intermittent back pain, bilateral leg pain and numbness/tingling, discoloration of legs; Medication; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	NA; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Mild lumbar scoliosis with the apex at the level of the T6 vertebral body measuring 5.8 degrees.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Will upload clinicals	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Leg weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 08/15/2020; There has been treatment or conservative therapy.; NECK PAIN HEAD ACHE DIZZINESS;LOW BACK PAIN NUMBNESS IN LEGS; NSAIDS, PT, STERIOD, REST AND BRACING; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 10/24/2019 initial visit with provider for these issues; There has been treatment or conservative therapy.; numbness and tingling in limbs. pain in neck and lower back. Patient has been diagnosed with bulging disc of lumbar spine.; Patient has had PT and medication management.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 2019; There has been treatment or conservative therapy.; Pain in mid and lower back; Meds, x-rays, at home exercises, heat/ice, spinal fusion; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/01/2015; There has been treatment or conservative therapy.; Lower back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX INFO; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	GAIT DISTURBANCE, HIP & BACK PAIN, IT IS HOT, BURNING, STABBING, RADIATES TO THE BACK LEFT & RIGHT HIP. WORLSE BY STANDING/WALKING, WAKES HIM UP AT NIGHT. WEAKNESS IN LEGS; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; There has been treatment or conservative therapy.; Intermittent back pain, bilateral daily leg pain and numbness/tingling, discoloration of legs; Medication; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NA; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has reflex abnormality, mild bilateral paraspinal tenderness, paresthesia; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The study requested is a Lumbar Spine MRI; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; Imaging is NOT being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; It is unknown when the pain started	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	C/o joint and soft tissue pain; pain level 8/10; fell 11/21 has had neck pain since; hx osteoarthritis to left hip and pain; quiet trigger finger locks when bends; hypertension; h/a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/01/2015; There has been treatment or conservative therapy.; Lower back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Sprain of sacroiliac joint, sequela; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Knee giving out and stiffness; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Cervicalgia, and Right Knee Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	chronic pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Eye's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Unknown if No Info Given.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Primary symptoms have been bilateral leg pain. Repeated falls, last injury/fall occurred 12/05/2020.; Patient was given treatment with PCP, given the following medications: cyclobenzaprine7.5 mg PO TID PRN 30 tabs ORF muscle spasm ,clobetasol 0.05% 1 applic topical BID 2 weeks 60 grams 1RF, nystatin 1 applic topical TID 60 grams 1RF; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	chronic pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; Pt c/o severe HA & visual disturbances since the trauma to head. Also c/o abd pain, dysuria, & hematuria; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	01/28/2020; There has been treatment or conservative therapy.; None; Removal of polyp that was cancerous.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	02/09/2021; There has been treatment or conservative therapy.; Shortness of breath; Pericardial Infusions, Medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	CONCERN FOR METASTATIC DISEASE; RESTAGING DURING CHEMOTHERAPY; There has been treatment or conservative therapy.; FATIGUE, NAUSEA, DYSURIA, burning with urination, MIMIMAL NEUROPATHY; cycle #4 carbo/taxol/Avastin today;UAMS CBC, CMP, Mg, Phos reviewed and discussed with patient;Continue weekly labs at PCP office;Neulasta added to chemo regimen for neutropenia prophylaxis; Post med steroids reduced to 4 mg twice daily to prevent hype; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Abnormal EKG;New cardiac symptoms; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material	Malignant neoplasm of nasal cavity - recurrent chondrosarcoma of sinuses and nasal cavity. Possibility of further metastatic disease.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	9 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic sinusitis, with chronic rhinorrhea.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	In ER on arrival pt was tachycardic and satting above 90% but had very poor air entry on exam and hence pyt was admitted for acute asthma exacerbation.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Malignant neoplasm of nasal cavity - recurrent chondrosarcoma of sinuses and nasal cavity. Possibility of further metastatic disease.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient has tried antihistamines, nasal steroids, and antibiotics with no relief.; This study is being ordered for trauma or injury.; A fall that resulted in the patient hitting her face and nose on a wood floor.; There has not been any treatment or conservative therapy.; Facial pain, facial pressure, headache, along with three episodes of sinusitis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	sinusitis; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via BBL.; Cyst of the Maxillary Sinus; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Recurrent Acute (4 or more acute episodes per year) best describes the sinusitis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via BBL.; infection; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Recurrent Acute (4 or more acute episodes per year) best describes the sinusitis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT; This case was created via BBI.; Sinusitis; Reason: Sinusitis (system matched response); This is a request for known or suspected sinusitis.; Recurrent Acute (4 or more acute episodes per year) best describes the sinusitis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Chronic sinusitis non responsive; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Chronic (episode is greater than 12 weeks) best describes the sinusitis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Recurrent Acute Pansinusitis.; Facial Pressure; Reason: else (system matched response); This is a request for known or suspected sinusitis.; Chronic (episode is greater than 12 weeks) best describes the sinusitis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT ; It is unknown if there are clear fractures or defects noted on x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; There are clear fractures or defects noted on x-ray.; The orderings MDs specialty is Otolaryngology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown when surgery occurred	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; Surgery occurred More than 90 days ago	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; The orderings MDs specialty is Otolaryngology; Surgery occurred 90 days or less ago	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown if Surgery will occur in the next 30 days	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Surgery will NOT occur in the next 30 days	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Agreed; The orderings MDs specialty is Otolaryngology; Surgery will occur in the next 30 days	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; The orderings MDs specialty is Otolaryngology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Agreed; The orderings MDs specialty is Otolaryngology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; It has been 14 or more days since onset; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; It has been 28 or more days since onset AND the patient failed a course of medical therapy including, antibiotics, steroids, and anti-histamines; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	17 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are unknown.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The time since onset is unknown; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Malignant neoplasm of nasal cavity - recurrent chondrosarcoma of sinuses and nasal cavity. Possibility of further metastatic disease.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; Neck mass; Reason: Neck lump or mass (system matched response); It is unknown if the size of the mass increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is NO known abscess or suspicious infection.; This is NOT a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	8 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via BBI; localized mass and swelling; Reason: else (system matched response); It is unknown if the size of the mass increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is a known abscess or suspicious infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via BBI; You are required to insert a reason here Reason: else (system matched response); The size of the mass has NOT increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is a known abscess or suspicious infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Hx of Supraclavicular Mass; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; NECK MASS, SOLITARY AFEBRILE; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; intermittent hoarseness, right vocal cord weakness; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is a known abscess or suspicious infection.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; NECK MASS; Reason: Neck lump or mass (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has unilateral pulsatile tinnitus. I think a CTA head neck is warranted to rule out anything worrisome. She is not the body habitus for typical idiopathic intracranial hypertension, but this did start while she was pregnant. We may have her see Dr. Do; It is not known if there has been any treatment or conservative therapy.; Referred for evaluation of pulsatile tinnitus in the left ear. This has been ongoing since she was pregnant a year or so ago. She has normal blood pressure. She says she does have occasional disequilibrium, the feeling of pressure in her head. Occasional ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has unilateral pulsatile tinnitus. I think a CTA head neck is warranted to rule out anything worrisome. She is not the body habitus for typical idiopathic intracranial hypertension, but this did start while she was pregnant. We may have her see Dr. Do; It is not known if there has been any treatment or conservative therapy.; Referred for evaluation of pulsatile tinnitus in the left ear. This has been ongoing since she was pregnant a year or so ago. She has normal blood pressure. She says she does have occasional disequilibrium, the feeling of pressure in her head. Occasional ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	One year history of constant high pitch noise in the right ear. Noise is moderately intrusive and symptomatic of 24 hours a day. It is aggravated by quiet environment. The onset was gradual and not associated with any definite precipitating event.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	see attach clinical; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	17 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of nasal cavity - recurrent chondrosarcoma of sinuses and nasal cavity. Possibility of further metastatic disease.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	history of right-sided persistent serous effusion with previous PE-tube placement. Last visit her tube was out. Here today because her right ear is feeling stuffy again. She is starting to feel like the ear issue ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2019; There has been treatment or conservative therapy.; history of right-sided persistent serous effusion with previous PE-tube placement. Last visit her tube was out. Here today because her right ear is feeling stuffy again. She is starting to feel like the ear issue is related to sinuses; Right PE-tube placed 4 weeks ago. Here for a routine follow up. She continues to have a clear drainage from her right ear but it slowly becoming less drairage on 12/04/2019; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown if Surgery will occur in the next 30 days	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT.; The patient's current rhinosinusitis symptoms are unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT.; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; chronic cough; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is NO known abscess or suspicious infection.; This is NOT a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; hyperparathyroidism, trouble swallowing, voice change, and choking; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is NO known abscess or suspicious infection.; This is NOT a Pre Operative or Post Operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has a large neck mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; Birth 08/29/1991;MRI femur left with and without contrast;MRI femur right with and without contrast;MRI tibia fibula left with and without contrast;MRI tibia fibula right with and without contra; There has been treatment or conservative therapy.; vascular anomalies with MRV to eval deep disease; Right lower extremity vascular lesion/s that was present at birth, and has been treated in the past. She has maintained control of her vascular anomaly, pain and swelling via laser therapy over the years. ;Last laser recently. However reports new bruise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Patient has KTS	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pathology	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pathology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatric Hematology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Nodular sclerosis Hodgkin lymphoma of intrathoracic lymph nodes; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	14-year-old male with neurofibromatosis type I. His most recent scans show some brain hyperintensities that are improved and show no evidence of tumors in 2018.The left eye lesion removed in March 2018 did not show any neoplasm, he did have a history of ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Follow up after chemo/radiation therapy; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Nodular sclerosis Hodgkin lymphoma of intrathoracic lymph nodes; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Ct Lung screening due to being a long time nicotine user.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Follow up after chemo/radiation therapy; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Assessment;1. Left wrist extensor tenosynovitis.; Plan;1. I reviewed the patient's exam and x-ray findings with her today. I have recommended the patient be placed into a left wrist splint today. She will also be set up for inflammatory lab test panel; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Patient has had previous surgeries on this knee, P/T would not benefit patient with the severity of symptoms. He has had the following procedures: (L) 2005- ACL, MCL, PCL, LCL, meniscus repair and (R) 2006 - ACL, MCL , PCL, LCL, meniscus repair. These wer; This study is being ordered for trauma or injury.; 03/2020; There has been treatment or conservative therapy; This is a 32 year old male who presents for evaluation of bilateral knee pain located on the inside of the knee, on;the outside of the knee, and all over the knee (diffuse). Symptoms began worsening one year ago as a result of (L);skiing injury. (R) foo; He has been treated with;NSAIDs, Celebrex and Tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsaitle mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Nodular sclerosis Hodgkin lymphoma of intrathoracic lymph nodes; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Follow up after chemo/radiation therapy; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/24/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; Brisbane Evidence Based Language Test; 85; 03/15/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/05/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; Cognitive/The Saint Louis University Mental Status; 22; 03/17/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 09/10/2020; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; SCAN; 30%; 01/27/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Neuro Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; Swallow Study; 0; 01/05/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; IN CLINICALS; IN CLINICALS; 03/09/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; VFSS; 50; 03/12/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/10/2020; CVA is the selected condition; Date of onset is within the last 4 months; ; ; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02-26-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PFDI20; 77.08; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/05/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/03/2021; CVA is the selected condition; Date of onset is within the last 4 months; Tinetti; 19; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PFDI20; 172.92; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/24/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2021; carpal tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/24/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/30/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/07/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/28/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/12/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/09/2020; 27792: FRACTURE AND/OR DISLOCATION PROCEDURE ON THE LEG (TIBIA & FIBULA) AND RIGHT ANKLE JOINT; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Lumbar Spine; 11/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Hand request; ; Three or more visits anticipated; UEFI; 76/100; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; UEFI; 73/100; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Upper Extremity was selected as the first body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS 16/80; LEFS; 16/80; 16/80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Oswestry LB 79%; Oswestry; 79%; 79%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 13.75; The anticipated number of visits is other than 2.; Oswestry; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 35; The anticipated number of visits is other than 2.; FOTO; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12-21-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto Lumbar; 45% Functional; The anticipated number of visits is other than 2.; Foto Lumbar; 45% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Severe functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2020; (L) THA; Post-Op; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; HIP OUTCOME SCORE; 12%; The anticipated number of visits is other than 2.; HIP OUTCOME SCORE; 12%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation::; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 78% functional; The anticipated number of visits is other than 2.; Modified Oswestry; 78% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation::; Severe	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; mahc 10 fall risk assessment; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; tinetti; 28; The patient was previously independent with	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; the lower extremity functional scale; 92.5% functional; The anticipated number of visits is other than 2.; the lower extremity functional scale; 92.5% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild objective and	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 54; 54; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; FOTO; FOTO; 56; 56; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; Lower Extremity Function Scale; Lower Extremity Functional Scale; 52.5%; 52.5%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; LEFS; LEFS; 33.75; 33.75; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lefts; 40%; The anticipated number of visits is other than 2.; Non-Surgical; lefts; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Thoracic Spine/Chest; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; N/A; N/A; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 97%; The anticipated number of visits is other than 2.; Modified Oswestry; 97%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Pregnancy related lumbopelvic pain best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 53; The anticipated number of visits is other than 2.; FOTO; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lower extremity functional scale; 20; The anticipated number of visits is other than 2.; oswestry; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTERY; 64; The anticipated number of visits is other than 2.; OSWESTERY DISABILITY; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Low Back Disability Questionnaire; 38; The anticipated number of visits is other than 2.; Oswestry Low Back Disability Questionnaire; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 42; The anticipated number of visits is other than 2.; FOTO; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; HOOS Jr; 59%; The anticipated number of visits is other than 2.; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 60% FUNCTIONAL; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY; 60% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 82%; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 82%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 37; The anticipated number of visits is other than 2.; Oswestry; 32; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation:.; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Tinetti; 19/28; The anticipated number of visits is other than 2.; Modified Low Back Pain Disability Questionnaire; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 32%; The anticipated number of visits is other than 2.; Oswestry; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 70; The anticipated number of visits is other than 2.; OSWESTRY; 70; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 42; The anticipated number of visits is other than 2.; physical therapy therabands and theragun for relaxation and comfort; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Severe functional deficits due	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY DISABILITY INDEX; 58; The anticipated number of visits is other than 2.; OSWESTRY DISABILITY INDEX; 58; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; FOTO; 56; The anticipated number of visits is other than 2.; FOTO; 56; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation =	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; FOTO; 74; The anticipated number of visits is other than 2.; FOTO; 74; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 63; The anticipated number of visits is other than 2.; Non-Surgical; FOTO; 63; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; SEE CLINICALS; SEE CLINICALS; The anticipated number of visits is other than 2.; Three or more visits anticipated; SEE CLINICALS; SEE CLINICALS; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; N/A; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; NA; NA; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lumbar Spine request; ; OSWESTRY; 64; The anticipated number of visits is other than 2.; Three or more visits anticipated; OSWESTRY; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; foto; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 49; foto; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Modified Oswestry Low Back; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; EVALUATION; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; EVALUATION; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Foto Lumbar; 38% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 51% Functional; FOTO Neck; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 75%; NECK; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; OSWESTRY; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25%; NECK; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; MCKENZIE TEST; 80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; SLUMP TEST; 80; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OSWESTRY DISABILITY INDEX; 42; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY DISABILITY INDEX; 42; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; OSWESTRY DISABILITY INDEX; 42; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY DISABILITY INDEX; 42; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 03-23-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; 21%; Upper Extremity Quick;DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 36; Therapy type is Rehabilitative; 36; FOTO; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; TUG ;6 MINUTE WALK TEST; TUG SCORE-37 SEC AVERAGE OF 3 ATTEMPTS USING ROLLING WALKER ;6 MINUTE WALK TEST - 225 FEET WITH REQUEST TO STOP AT 3MIN AND 30 SECONDS WITH RPE 7/10; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Oswestry Low Back Pain; 72% impaired, 28% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 70% impaired, 30% functional; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FUNCTIONAL RATING INDEX; 15%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 15%; FUNCTIONAL RATING INDEX; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Functional Rating Index; 42.5 %; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42.5 %; Functional Rating Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Index; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 44; Modified Oswestry Low Back Pain Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; oswestry; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 12; oswestry; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; in house evaluation; Mobility 40%;Changing Body Positions 30%;Carrying/Moving Objects 20%;Self Care 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Mobility 40%;Changing Body Positions 30%;Carrying/Moving Objects 20%;Self Care 50%; in house evaluation; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Oswestry; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 74%; Neck Disability Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 34; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/03/2021; ACF AND ON 2/24/2021 PLIF/ALIF; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 66 OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 66 OF 100; MODIFIED OSWESTRY LOW BACK PAIN; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 48.93; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 61.85; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Oswestry Low Back Pain; 65%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 75%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; 50%; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; OPTIMAL INSTRUMENT; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Oswestry Low Back Pain; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated;; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 28.81; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42.01; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FOTO; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 34; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; LEFS; 70%; 70%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Head/Neck request; LEFS; 52; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; 52; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; MANUAL MUSCLE TEST; NO DONE YET; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; MANUAL MUSCLE TEST; NOT COMPLETED YET; The patient was previously independent with mobility	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; 41%; Dizziness Handicap Inventory; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Vestibular Rehab selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; Questions about your Lower Leg request.; LEFS; LEFS; 62%; 62%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 50; 50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Two Body Parts selected; Second Pass Starting; Fracture was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NECK PAIN DISABILITY INDEX; 42; Non-Surgical; The anticipated number of visits is other than 2.; 42; NECK PAIN DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 35%; Non-Surgical; The anticipated number of visits is other than 2.; 35%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; quick DASH; 14%; Non-Surgical; The anticipated number of visits is other than 2.; 14%; quick DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; quick DASH; 86; Non-Surgical; The anticipated number of visits is other than 2.; 86; quick DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 50; Non-Surgical; The anticipated number of visits is other than 2.; 48; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; Non-Surgical; The anticipated number of visits is other than 2.; 26; Neck Weboutcomes; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; HAWKINS-KENNEDY IMPINGEMENT TEST INDICATED SHOULDER IMPINGEMENT (SUPRASPINATUS TENDON);;GRIP STRENGTH IMPAIRED BY 25% LEFT WRIST EXTENSORS GRADE 4-/5; 75%; Non-Surgical; The anticipated number of visits is other than 2.; 40%; CLINICAL OBSERVATION;RANGE OF MOTION;FLEXION 34 DEGREES;EXTENSION 32 DEGREES;LATERAL FLEXION-RIGHT 21 DEGREES; -LEFT 21 DEGREES;LATERAL ROTATION-RIGHT 44 DEGREES; -LEFT 41 DEGREES; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; Non-Surgical; The anticipated number of visits is other than 2.; 56%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; NUSTEP - RECUMBENT STEPPER; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER BODY ERGOMETER - ARM BIKE; 60%; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FUNCTIONAL RATING INDEX; 5%; Therapy type is Rehabilitative; 5%; FUNCTIONAL RATING INDEX; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FUNCTIONAL RATING INDEX; 50%; Therapy type is Rehabilitative; 50%; FUNCTIONAL RATING INDEX; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Functional Rating index; 62%; Therapy type is Rehabilitative; 62%; FUNCTIONAL RATING INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FUNCTIONAL RATING INDEX; 75%; Therapy type is Rehabilitative; 75%; FUNCTIONAL RATING INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; functional rating index; 33%; Therapy type is Rehabilitative; 33%; functional rating index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Functional Rating Index; 28%; Therapy type is Rehabilitative; 28%; Functional Rating Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck Disability Index Questionnaire; 64%; Therapy type is Rehabilitative; 64%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; OSWESTRY; 24; 24; OSWESTRY; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request;; ; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Optimal Instrument; 59% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Optimal Instrument; 59% functional; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate objective	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Shoulder request; ; Three or more visits anticipated; LEFS; 38%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; DASH; 25%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 11/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; NPRS; 0; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; UEFS; 20; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Oswestry; 22; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; UEFS; 35; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 55%; Non-Surgical; The anticipated number of visits is other than 2.; Unknown; None taken; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Left shoulder: No deformity. Nontender to palpation. Shoulder range-of-motion is mildly limited with abduction and forward flexion. No instability. Negative speed's test. Positive impingement. Negative drop-arm sign. No pain or weakness with resis; Left shoulder: No deformity. Nontender to palpation. Shoulder range-of-motion is mildly limited with abduction and forward flexion. No instability. Negative speed's test. Positive impingement. Negative drop-arm sign. No pain or weakness with resis; ; Non-Surgical; Non-Surgical; The anticipated number of visits is other than	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; DASH; 77.25; 77.25; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Gross Muscle Test; Gross Muscle Test; ; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ADL ACTIVITIES OF DAILY LIVING; 60%; Therapy type is Rehabilitative; ADL ACTIVITIES OF DAILY LIVING; 60%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FUNCTIONAL RATING INDEX; 66%; Therapy type is Rehabilitative; FUNCTIONAL RATING INDEX; 66%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; in house evaluation; Body Positions: 30%; Handling objects: 40%; Self-Care: 20%; Therapy type is Rehabilitative; In house evaluation; Body Positions: 30%; Handling objects: 40%; Self-Care: 20%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 11/20/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-10-2020; ORIF on Left Shoulder, Left Elbow and Right Wrist; Post-Op; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Upper Extremity Quick DASH; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 25%; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry Disability Index; 57%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry Disability Index; 57%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Modified Oswestry; 66% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Modified Oswestry; 66% functional; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 78%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 78%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry Disability Questionnaire; 44; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry Disability Questionnaire; 44; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms, best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Modified Oswestry Low Back Pain; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 50%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; in house evaluation; Mobility 40%;Changing and Maintaining Body Positions 40%;Carrying, moving and handling objects 20% ;Self care 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; in house evaluation; Mobility 40%;Changing and Maintaining Body Positions 40%;Carrying, moving and handling objects 20% ;Self care 50%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; OSWESTRY; 52; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY; 52; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request; ; Oswestry; 78%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 78%; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck Disability Index; 62%; Therapy type is Rehabilitative; 62%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; NECK DISABILITY INDEX; 56% FUNCTIONAL; Therapy type is Rehabilitative; 56% FUNCTIONAL; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 11/12/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/03/2020; kyphoplasty; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 34%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Oswestry; 34%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2021; R CTR and posterior interosseous nerve release; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDASH; 72.5; QuickDASH; 72.5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Questions about your Head/Neck request; Upper Extremity Quick Dash; 89%; The anticipated number of visits is other than 2.; 89%; Upper Extremity Quick DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; lower extremity functional scale; ; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTION SCALE; 11.25%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY; 23; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTION SCALE; 23%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; N/A; N/A; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 53; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 51%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 38%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 69%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCORE; 61%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 21%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 11/25/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; N/A; N/A; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTION SCALE; 26%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; WOMAC; 58%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTION SCALE; 86%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; FOTO; 35; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request;	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Isokinetic Test, Foto; Isokinetic strength test results did not show much improvements.;FOTO score of 65; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower Extremity Functional Scale (LEFS); 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; WOMAC; 69%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 52%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 48%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 82%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; modified oswestry; 30%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 70%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 82%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 76%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 90%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Outcome Measure - Back Index; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 22; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 62.5%; BACK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LOWER EXTREMITY FUNCTIONAL SCALE; 21; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 20%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of the above best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; open reduction internal fixation right fibula; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 41%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 28/100; OSWESTRY; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 16%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 38%; NECK INDEX; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 0; None; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request.; Three or more visits anticipated; Therapy type is Rehabilitative; None; 85%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; LOWER EXTREMITY FUNCTIONAL SCALE; 60; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 25%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 68%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 72%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; ARTHROSCOP ROTATOR CUFF REPR;REPAIR ELBOW DEB/ATTCH OPEN;SHOULDER ARTHROSCOPY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 70%; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 11/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 84; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 11/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 43.75%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 23%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; DASH; 79.5; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QUICKDASH; 25%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 88%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request.; Upper Extremity Quick Dash; 18%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation – Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; BACK INDEX; 70%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 61; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 36%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 68; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2021; Thumb tendon transplant/fusion; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDash; 70%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDash; 15%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI; 60/300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Foto; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Pelvic floor distress inventory; 35.42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-14-2020; Left Hip Replacement; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 22; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Pelvic Floor Distress Inventory; 18.75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; has not been seen yet; PFDI20; has not been seen yet; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI20; 59%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI20; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Pelvis Floor Distress Inventory; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI20; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 59; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 71%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; NIH;;PAIN 10;URINARY SYMPTOMS 1;QUALITY OF LIFE 8; PAIN 10;URINARY SYMPTOMS 1;QUALITY OF LIFE 8; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 36.25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02-10-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02-25-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 74%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2020; C-section; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI; 8/300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; SELF REPORTED FUNCTIONAL LIMITATIONS; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFDI20; 116.67; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03-08-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 33; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Hip injury and osteoarthritis outcome score; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; foto; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/17/2021; RIGHT TOTAL HIP ARTHROPLASTY; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 10%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2020; LEFT THR; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 30/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Hip Disability and Osteoarthritis outcome score; 71%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEF; 28/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Foto; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 61; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; PFDI; 23/300; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; PFIQ AND VULVAR PAIN; 167;;18; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extremity Functional Scale; 56%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The Lower Extremity Functional Scale; 2.5% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 54%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 30%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 0%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 60; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Knee Injury and Osteoarthritis Outcome Score; 34%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Manual Muscle Testing; 75; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEF; 15/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 66% Functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; in house evaluation; Mobility 75%; Changing Positions 75%; Carrying/Moving Objects 60%; Self-Care 90%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; in house evaluation; Mobility 30%; Changing Positions 40%; Moving Objects 20%; Self Care 40%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 94; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extremity; 5/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 68; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03-03-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; foto; 35; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO Knee; 46% Functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 39%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 67; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The Lower Extremity Functional Index; 32/80 thereby placing P at a 60% impairment with his walking and moving; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 25/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 36/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 40; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; EVALUATION; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Index; 20/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 35/80 = 43.7% FUNCTIONAL; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KOS; 43; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extremity; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 35; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 63; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 0; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 90; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/27/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 40-59%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 21/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 59%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWEATRY BACK INDEX;PHYSICAL EVALUATION BY THERAPIST; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Disability Index; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house evaluation; Mobility 40%; Changing and Maintaining Positions 40%; Carrying and handling objects 30%; Self-Care 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 72%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY BACK PAIN QUESTIONNAIRE; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 20/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FIGURE 4 PROVOCATION TEST;FEMORAL NERVE TRACTION TEST;SLR TEST; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 70; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Ostweiser; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 72; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 88%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 54/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; S8; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 38/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2020; Lumbar Fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Three or more visits anticipated; Foto; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Three or more visits anticipated; FOTO; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 92%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 55%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 46/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; UNKNOQN; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 33; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-09-2020; left L5-S1 microdiscectomy; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 86%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN; 38/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Spine; Modified Oswestry Low Back Pain; 44% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 54; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Hoos Jr.; 65%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house evaluation; Mobility 40%; Changing Positions 40%; Carrying/Moving Objects 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 18%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 56/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY QUESTIONNAIRE; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-11-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-16-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-18-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 22; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-23-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house evaluation; Mobility 55%; Changing and Maintaining Body Positions 65%; Carrying and moving objects 30%; Self Care 65%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 16%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-24-2021; Lumbar Surgery; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO Lumbar; 39% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; S2; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 0%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PSFS; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PSFS; 57%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY DISABILITY SCALE; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; L5-S1 Microdiscectomy; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 39%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; Lumbar fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 41; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO Lumbar; 56% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 47/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; EVALUATION; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 65%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 51; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/19/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back; 84%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/19/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/20/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12-16-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Disability Questionnaire; 82%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12-22-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Disability Index; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; 6 MINUTE WALK TEST; POSITIVE SUPINE TO SIT TEST; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 40/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 72%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; DP, MSE, MSF, MSR; 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 88%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN QUESTIONNAIRE; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 33; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oswestry; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house eval; mobility 40%;Body position 30%;Moving objects 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; foto; 71; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; foto; 72; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Modified Oswestry Low Back; 58%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; modified oswestry; 30; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY DIABILITY INDEX; 28%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Mobility 40%;Body Position 30%;Carrying/Moving Objects 30%;Self-Care 50%; in house evaluation; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 22%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 55; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; Neck Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 28/50; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 57; Foto; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Changing body positions 45%; in house eval; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 30%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; G4; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; please see clinicals; please see clinicals; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50.49; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 12/100; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 18%; Modified Oswestry Low back Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEF; 13/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 58%; Outcome measurement tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/31/2020; Rod and screws in the tibia; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; FOTO; 49; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 46%; NECK INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 56; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 5; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 32; Oswestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; OPEN FRACTURE OF LEFT FEMUR; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 12; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 21; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 33; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 75%; clinical observation-lumbar spine flexion, rotation; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; Neck Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; BERG; 50/56 , 10%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; deep implant removal and partial excision of medial distal tibia for chronic osteomyelitis, left; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 42; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 31; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; N/A; 0; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; see clinicals; see clinicals; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; SEE CLINICALS; SEE CLINICALS; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 32; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Changing and Maintaining Body Positions 40%; Carrying and Moving objects 30%; Self Care 50%; in house evaluation; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 74; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; General Manual Muscle Testing Assessment: BLE 4+/5;;Berg Balance Total Score out of 56: 45; 4+/5;;45/56; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 60%; Modified oswestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42%; NDI NECK PAIN QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 67.4%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2020; ORIF of tibial plateau fracture; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Lower Extremity Functional Scale; 9/80; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 46; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 20; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34; Neck Weboutcome; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; Right total Hip replacement; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Lower Extremity Functional; 12/80; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; UNKNOWN; NONE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52% functional; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; LEFS; 55; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 55; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 28; Neck Weboutcomes; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; Changing and Maintaining Body Position 60%; Carrying Moving and Handling objects 60%; in house evaluation; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; FOTO; 39; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; FOTO; 73; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01-11-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-02-2020; SCOPE; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 54.5; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 44; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 48; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 63%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 73; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 55%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/02/2020; 29827, 29828 and 29826; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 68; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 80%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2020; S/P RIGHT SHOULDER ARTHROSCOPY LYSIS OF ADHESION, BICEPS TENODESIS, DISTAL CLAVICLE EXCISION, LIMITED DEBRIDEMENT; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; INITIAL EVALUATION; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/05/2020; Shoulder Arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; Subacromial decompression, distal clavicle resection, manipulation; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 52; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/12/2020; Bicep Tendon Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 47; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/16/2020; RIGHT ROTATOR CUFF REPAIR AND BONE SPUR REMOVAL; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 88/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO: 47; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/06/2021; Rt. Shoulder latissimus dorsi tendon transfer; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity quick dash; 79.55; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 47.73; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2021; Right shoulder arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 55 of 100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/08/2020; Right Shoulder ASX RCR type 3, including microfracture of the foot print, DCR ext deb including deb of retained intraarticular stump of the biceps tendon deb of slap tear, subtotal and subacromial and subdeltoid bursectomies anterior acromioplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 88%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 53; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO: 68; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 60%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 25%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 25%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/29/2020; Left reverse shoulder arthroplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO Shoulder; 34% functional; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 30/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 31.82; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/13/2021; Left Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 59.16%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2021; Right shoulder arthroscopy with limited labral debridement, open acromioplasty, DCR and bicep tenodesis.; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash; 93%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO: 50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/02/2020; ORIF SURGERY TO FRACTURED PROXIMAL HUMERUS WITH 2 PLATES & 18 SCREWS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; PSFS: 93%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; EVALUATION; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 18; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 32%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2021; right shoulder shoulder arthroscopy and Subacromial bursectomy and;abrasion acromioplasty, biceps tenodesis, rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 70.45%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 40; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2021; ARTHROSCOPY BICEPS TENODESIS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 33/55; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; 47.73; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/15/2021; Athroscopic Anterior Labral Repair and Capsulorrhaphy of Left Shoulder; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 4%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash functional survey; 34.2; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 25/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; Shoulder Replacement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 34; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/27/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/24/2020; Labrum repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 18; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/12/2020; right shoulder diagnostic and operative arthroscopy with arthroscopic rotator cuff repair; subacromial decompression; distal clavicle excision; biceps tenotomy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 100%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UNKNOWN; UNKNOWN; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 53; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/24/2020; left shoulder closed manipulation; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 48/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-17-2020; L shoulder rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 70%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2020; LEFT SHOULDER LABRUM REPAIR, SLAP; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NONE; UNKNOWN; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/11/2020; LEFT SAD; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 82 OF 100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2020; RIGHT ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 22.7%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/06/2020; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 64; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 32% FUNCTIONAL; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-08-2020; ; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 0; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY QUESTIONNAIRE; 70%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; NDI; 35%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 38; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 44%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03-04-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 60; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; SANE; 75%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; NDI; 58/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 68/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Oswestry; 69%; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Upper Extremity Quick Dash; 89%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Quick Dash; 38.64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2021; Left CUTR OCTR; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Upper Extremity Quick DASH; 9.09%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Upper Extremity Quick Dash; 91%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Knee; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/07/2021; OPEN REDUCTION AND INTERNAL FIXATION OF BICONDYLAR TIBIAL PLATEAU FRACTURE, REMOVAL OF EXTERNAL FIXATION DEVICE; Post-Op; Wrist selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Wrist request: ; Three or more visits anticipated; SEE CLINICALS; SEE CLINICALS; The anticipated number of visits is other than 2.; Post-Op; IN CLINICALS; SEE CLINICALS; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/26/2020; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 29; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/07/2021; ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KOOS Jr; 69; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 18/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/27/2020; I+D L tibia and Knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 55%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 5/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2020; surgery to fix left hip femoral artery injury and left knee for tibial plectea fracture.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Focus on Therapeutic Outcomes (FOTO); 33/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; RIGHT TOTAL KNEE ARTHROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KNEE OUTCOME SURVEY (ADLS); 15%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/05/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/14/2020; ORIF of tibial plateau fracture; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 16%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/11/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/14/2020; ACL Repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Foto; 44; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/21/2020; Right Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity; 14/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2021; L TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; WOMAC; 80.2%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/12/2021; 29881 LEFT PLM AND OPEN CYST EXC; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lower extremity functional scale; 78; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; First Pass; Body Part for first pass is Knee; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 28%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; First Pass; Body Part for first pass is Knee; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; LTKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; WOMAC; 76%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; First Pass; Body Part for first pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; R TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 11%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; First Pass; Body Part for first pass is Knee; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; DRAIN/INJECT, JOINT/BURSA;KNEE ARTHROSCOPY/SURGERY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 18%; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2020; Right Total Knee Arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 22%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-18-2020; R Knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 57; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/11/2020; L MACI Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 27; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; Knee Arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2020; REPAIR A TORN MENISCUS AND DEGENERATIVE CHANGES; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 25/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/16/2020; left unicompartmental arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 34/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; RIGHT KNEE ORTHROSCOPY WITH PARTIAL MEDIAL AND LATERAL MENISCECTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; WOMAC; 32%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; ACL Reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 7%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/10/2020; repair of bucket handle tear of medial meniscus of right knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 40%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/17/2021; ; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 7.5; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03-18-2021; LEFT TOTAL KNEE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 17; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/29/2021; Knee scope and ACL reconstruction with patellar graft; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 3%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; Lumbar Fusion; Post-Op; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; FOTO; 57%; The anticipated number of visits is other than 2.; Three or more visits anticipated; FOTO; 57%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; IN CLINICALS - PT HAS DROP FOOT; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; IN CLINICALS; IN CLINICALS; The patient was previously independent with mobility and now</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 25%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/06/2020; 1ST AND 2ND MTP FUSION ON R FOOT.; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 26/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foto; 45; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 52; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity Functional Scale; 29; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 17%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 48.8%; 48.8%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; N/A; N/A; N/A; N/A; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 35 OF 80; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 34%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LOWER EXTREMITY FUNCTIONAL SCALE; 38%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LOWER EXTREMITY FUNCTIONAL SCALE; 56%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2020; Left Achilles tendon repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/08/2020; Left achilles detach & reattach w/ Hagland resection; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 46%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Foto; 57; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; WOMAC; 22; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2020; ORIF Ankle; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foto; 46; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 48; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower extremity functional scale; 82%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foot and ankle ability measure; 79%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; S/P RIGHT ANKLE HAGLUND'S PROCEDURE; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LOWER EXTREMITY FUNCTION SCALE; 53%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; FOTO Foot/Ankle; 36% Functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/09/2020; Right ankle proximal deltoid ligament repair, repair of avulsed retinac on 11/9/20; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2020; ACHILLES REPAIR & HAGLANDS DEFORMITY; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; PSFS; 90%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/17/2020; Left Talus ORIF; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 55%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/18/2019; fusion and 3rd and 4th toe amputation; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 43/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; NPRS-2; 60; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/15/2020; Open secondary allograft reconstruction of both the ATFL and CFL right ankle; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 47%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL TOOL; 68 OF 80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; n/a; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/21/2020; CARPAL TUNNEL SURGERY; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2020; RIGHT CARPAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; RIGHT CARPAL TUNNEL RELEASE & RIGHT DEQUERVAINS RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2020; R CTR; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021, Left bicep tenodesis; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; Left carpal tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; LEFT RING FINGER ORIF OF ARTICULAR FX DISTAL PHALANX; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2021; LEFT CARPAL TUNNEL RELEASE; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/29/2020; RIGHT FIRST CMC ARTHROPLASTY /TRAPEZICTAMCEY LIGAMENT RECONSTRUCTION TENDON POSTITION, INTERNAL BRACING WITH ARTHREX TECHNIQUE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2021; Left carpal tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/22/2021; RIGHT RF PIP JT I&D; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021; RIGHT CARPAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021; LEFT CTR AND LEFT CUTR; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; LEFT WRIST DORSAL GANGLION CYST; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; RIGHT THUMB RADIAL COLLATERAL LIGAMENT REPAIR; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/23/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/22/2019; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ROM, ACTIVE AND PASSIVE RANGE OF MOTION, CLINICAL EXAM; 100%; Therapy type is Rehabilitative; ROM, ACTIVE AND PASSIVE RANGE OF MOTION, CLINICAL EXAM; 100%; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; N/A; N/A; N/A; N/A; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; QUICK DASH; ; 61.36%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request; Questions about your Shoulder request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Range Of Motion; 35%; Therapy type is Rehabilitative; Range Of Motion; 35%; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request; Questions about your Wrist request; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 48; FOTO; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 55; The anticipated number of visits is other than 2.; Quick Dash; 55; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits without instability; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Evaluation, clinical/pain assessment, functional history taken; 22.73; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Evaluation, clinical/pain assessment, functional history taken; 29.55; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDASH; 55; QuickDASH; 55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; RIGHT LONG & RING FINGER A1 PULLEY RELEASE; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; QUICK DASH; 36.3; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; QUICK DASH; 16 TO 35; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; Left ring finger FDP repair with possible digital nerve repair; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; QUICK DASH - UPPER EXTREMITY FUNCTIONAL SCALE; 86.3%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 38%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part for first pass is Shoulder; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 48 OF 100; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/14/2020; Right lunate Intraosseous cyst excision with autograft; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 22%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<p>Body Part for first pass is Wrist; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; RCTR, pre and post SGB , local/mac; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; quick dash; 72.7%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 56; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 90.9%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 64/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 57; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01-06-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2020; RECONSTRUCTION OF THE CMC JOINT; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; UPPER EXTREMITY QUICK DASH; 73 OF 100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2020; RIGHT SMALL TF-RADICAL FLEXOR TENOSYNOVECTOMY WITH CULTURES, RIGHT SMALL A-1 PULLEY RELEASE, RCTR, BWS; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 29.5; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/16/2020; ORIF RIGHT 5TH MC NECK FX WITH KWIRES; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 63.6%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/30/2020; Osteoarthritis of metacarpophalangeal joint-Right Hand; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Range Of Motion; 80%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/07/2021; R thumb cmc joint arthroplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Range Of Motion; 20%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2020; ORIF LEFT DISTAL RADIUS AND DEBRIDEMENT; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH 93.1%; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick Dask; 27; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 63.06%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QuickDASH; 43; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick Dash; 89; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2021; LEFT THUMB FPL REPAIR WITH UDN REPAIR; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 97.7%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; ORIF LEFT RING FINGER PROXIMAL PHALANX; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 86.3%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Goniometer; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quick dash; 32; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 10-23-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09-03-2020; Right wrist CMCJ arthritis of the thumb; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Foto; 10; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 25%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICK DASH; 97.7%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Therapist exam/evaluation, strength test; 60%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/27/2020; Right distal radius fracture reduction and stabilization with plate and screws; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/12/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/19/2020; CLOSE REDUCTION WITH EXTERNAL FIXATION LEFT LOWER EXTREMITY; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; RIGHT SHOULDER SCOPE WITH SAD, DCE AND LIMITED GLENOHUMERAL DEBRIDEMENT; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; RANGE OF MOTION MEASUREMENTS; 20%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/23/2020; Right Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 18; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/20/2020; R SAS w/SAD,DCR & GHD; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; L Rotator Cuff; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Range Of Motion; 25%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NONE; N/A; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/30/2020; Repair, Tendon, Distal Biceps Reconstruction; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 32; Post-Op; The anticipated number of visits is other than 2. ; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 47; Non-Surgical; The anticipated number of visits is other than 2. ; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 59.1%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/21/2020; POSTERIOR BANKHART REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 87% FUNCTIONAL; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDash; 23%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 37; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 14; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/11/2021; Left shoulder pectoralis major transfer with hardware; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity quick dash; 86.36/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/02/2021; Rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity DASH; 82/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 61 OF 100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 47; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; Left shoulder tenotomy with debridement of rotator cuff and labrum with acromioplasty and distal clavicle resection; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 48%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2021; Right bicep tenodesis with DCR,SAD and debridement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Patient outcomes; 80; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 47; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 19%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 90.90%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 48; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/2021; Arthroscopy, left shoulder, surgical rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 48; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2021; Left major Rotator cuff repair revision with double row repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 25%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 55/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QuickDASH; 23; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; LEFT SHOULDER ARTHROSCOPY WITH ANTERIOR LABRAL REPAIR PLUS CAPSULORRHAPHY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; THERAPIST EVALUATION, INCLUDING MOTION AND FUNCTIONALITY; 14%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/29/2020; RIGHT ELBOW WOUND CLOSURE INCISION & DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 95.4%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/06/2020; R wrist ORIF carpal bone and carpectomy; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Range Of Motion; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; QUICK DASH; 84.09%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 54.05%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2021; RIGHT LUNOTRIQUETRAL ARTHRODESIS.;FUSION OF HAND BONES; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 81.8%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2021; STATUS POST ORIF OF RIGHT DISTAL RADIUS COLLES' FRACTURE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; QUICK DASH; 7%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2020; Carpal tunnel; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Foto; 19; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/08/2020; Carpel Tunnel Release; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Foto; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; QUICK DASH; 52.2%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; QUESTIONS about your Wrist request: ; QUICK DASH; 75%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated, This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	14-year-old male with neurofibromatosis type I. His most recent scans show some brain hyperintensities that are improved and show no evidence of tumors in 2018.The left eye lesion removed in March 2018 did not show any neoplasm, he did have a history of ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; This study is being requested for Known or suspected tumor with or without metastasis; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and/or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	STILL C/O LOW BACK PAIN,PT IS GOING TO SEE NEUROSURGEON AND NEEDS MRI BEFORE THEY WILL SEE THEM. HAS BEEN IN THE ER RECENTLY CT ABD/PEL SHOWS SPINAL STENOSIS,spondylolithiasis and some degenerative bone changes. THIS HAS BEEN A PROBLEM FOR SEVERAL YEARS. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	STILL C/O LOW BACK PAIN,PT IS GOING TO SEE NEUROSURGEON AND NEEDS MRI BEFORE THEY WILL SEE THEM. HAS BEEN IN THE ER RECENTLY CT ABD/PEL SHOWS SPINAL STENOSIS,spondylolithiasis and some degenerative bone changes. THIS HAS BEEN A PROBLEM FOR SEVERAL YEARS. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a 63 year old female who is right hand dominant and is being seen for a chief complaint of wrist pain, involving the right wrist joint. This occurs in the context of a gradual and insidious onset and has been treated with a brace, which is partial. The pain is not from a recent injury, old injury, chronic pain or a mass. This request is for a wrist MRI. This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI. The study is being ordered for foot pain. The study is NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI. The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems. The patient is being treated with crutches. The ordering MD's specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT. This study is being ordered for another reason besides Kidney/Ureteral stone, known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, known or suspected infection such as pancreatitis, etc. There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis. Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is female. It is not known if a pelvic exam was performed. Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is female. A pelvic exam was NOT performed. Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI. This study is being ordered for Known Tumor. This study is being ordered for staging.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; ; 12/04/2020; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Habilitative	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/06/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 11/10/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 11/10/2020; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (Includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (Includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 12/07/2020; TBI is the selected condition; Date of onset is within the last 4 months; ; ; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (Includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (Includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2021; Biceps Tenodesis, SLAP tear repair; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/29/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/11/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/12/2019; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Tinetti; 19/28; The anticipated number of visits is other than 2.; Modified Low Back Pain Disability Questionnaire; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; OSWESTRY; 24; 24; OSWESTRY; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; MODIFIED OWESTRY LOW BACK PAIN DISABILITY; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; DISABILITIES OF ARM SHOULDER AND HAND; 25; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Severe objective and functional deficits without instability; constant symptoms and/or symptoms that	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 11/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; DASH; 54.55/100; 54.55/100; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Questions about your Head/Neck request;; Upper Extremity Quick Dash; 89%; The anticipated number of visits is other than 2.; 89%; Upper Extremity Quick DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; LEFS; S2; One Body Part selected; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 45%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Knee; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 54%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 11/05/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; BACK INDEX; 30%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 8 ;48; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTION SCALE; 26%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; WOMAC; 58%; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; FOTO; 60; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 65; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; KOOS Jr; 31% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lower extremity functional scale; 45/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 46%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY); 46%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; L4-5 decompression and discectomy; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Disability Index; 10; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 38%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Revised Oswestry; 30%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; None; 0%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 64%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 10/12/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 450; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 500; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; NECK INDEX; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 72.7%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; left shoulder arthroscopy with subacromial decompression; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 36%; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 45%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick DASH; 66%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper Extremity Quick DASH; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation – Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 121 of 300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; -Fwd ambulation on treadmill at comfortable pace and emphasis on heel-toe pace; 10 min 1.4 mph;- step over/back with L foot on 2" box 2x10 reps with R hand support;- alt 6" box tap 2x40 reps with R hand support; -Standing in narrow BOS performing; 15% of max function; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; PFIQ AND VULVAR PAIN; 167;;18; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 21; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 21; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 20; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; in house evaluation; Mobility 60%; Changing and Maintaining Body Positions 50%; Carrying/Moving Objects 40%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry Low Back; 58%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY DIABILITY INDEX; 28%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 66%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; FOTO; 39; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; LEFT SHOULDER ARTHROSCOPY ROTATOR CUFF REPAIR, SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE EXCISION, BICEPS TENODESIS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; PHYSICAL THERAPY INITIAL EXAMINATION; UNKNOWN; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; PSFS; 73%; Non-Surgical; The anticipated number of visits is other than 2.; 73%; PSFS; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; Knee Arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated;; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 56%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foto; 56; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/15/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/23/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/02/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/09/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/29/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/12/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 02/11/2020; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/2021; ORIF in her P1 of her middle finger of her L hand; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of the above best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request.; ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 20.45%; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request.; FOTO; 65; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; THERAPIST EXAM, STRENGTH TEST; 32%; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Muscle Stretch Reflexes Left biceps reflex brisk, Right biceps reflex brisk, Left triceps reflex brisk, Right triceps reflex brisk (Hyperreflexic in bilateral patella & achilles reflexes)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	left groin mass, smooth, tender 3x3cm by palpation, non-pulsatile, non-fluctuant, overlying skin normal. Location: left pubis; SEEN ON XRAY; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Given the traumatic nature of her injury, and in light of the fact that it has been significantly worsening over the last several days despite rest, activity modification, home stretching, NSAIDs, and opioids, I think it would be best to rule out sacral f; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/04/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; NONE DOCUMENTED; NONE DOCUMENTED; 02/23/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/10/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; st add on evaluation; 50; 03/01/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/01/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; Standardized cognitive assessment; 20%; 02/04/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Neuro Rehabilitative	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/03/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; tinetti; 19; 03/16/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/09/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; NONE; NA; 03/17/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/11/2020; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; WAB Spontaneous Speech;WAB Repetition;WAB Naming and Word Finding; 50%; 01/19/2021; The evaluation date is not in the future; The primary condition is Aphasia/Apraxia; Date of onset is more than 6 months ago; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Neuro Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/30/2020; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; WAB western aphasia; 50%; 01/18/2021; The evaluation date is not in the future; The primary condition is Aphasia/Apraxia; Date of onset is more than 6 months ago; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Neuro Rehabilitative	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 08/31/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; Clinical Dysphagia Evaluation; minimal; 02/11/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 11/20/2020; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; st evaluation - dyarthria tx; 50; 02/24/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; NA; NA; 03-22-2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 9 years old or older; Enter name of tool here Enter score here 01/05/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Habilitative	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; unknown; unknown; 01/04/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; MoCA; 50%; 02/08/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; SLU Mental status exam; SLMSE = 11; 02/20/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; ASHA; 55; 10/22/2020; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; CONCENSUS AUDITORY PERCEPTUAL EVAL OF VOICE; 75; 03/08/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; EAT-10; 15%; 03/23/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; none; none; 03/12/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; unknown; unknown; 03/11/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; unknown; unknown; 12/02/2020; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; video strobe; Enter score here 01/29/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; Videofluoroscopy; 70; 01/28/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; UNKNOWN; 01/25/2021; The evaluation date is not in the future; Speech Therapy was requested; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Test of Adolescent and Adult Language-Fourth Edition TOAL-4;;Stuttering Severity Instrument-Fourth Edition SSI-4;;The pt's deficits have resulted in a significant negative impact on pt's ability to interact effectively with familiar and unfamiliar;; ; 01/26/2021; The evaluation date is not in the future; Speech Therapy was requested; Two visits anticipated; Rehabilitative; Therapy type is Rehabilitative	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; WE DID A MODIFIED BARIUM SWALLOW STUDY.; N/A; 02/23/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/12/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/19/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 02/05/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 03/04/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01-19-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/03/2020; Digestive system; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/05/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/17/2020; CVA is the selected condition; Date of onset is within the last 4 months; Tinetti Balance Assessment; 16/28; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; oasis; 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older; There has been a recent injury to cause a change in function	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/12/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/16/2021; fusion lumbar; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; renal stents; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; TOTAL KNEE ARTHROPLASTY; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2020; Achilles surgery to lengthen; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; OSWESTERY; 36 OUT OF 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; There has been a recent injury to cause a change in function	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 10/01/2020; CVA is the selected condition; Date of onset is more than 4 months ago; DIZZINESS HANDICAP INDEX; 0%; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; There has not been an increase in the frequency of falls; The home program or equipment does not need to be updated; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/10/2021; expoloratory lapappendictamie; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Peabody Motor Developmental Skills; SPN-P; 1% (Z-Score -2.13); Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Patient is able to perform age-appropriate mobility/transfers but has other gross motor task deficits; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021, TOTAL HIP ARTHROPLASTY; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 01/07/2021; CVA is the selected condition; Date of onset is within the last 4 months; TENETTY; 2; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; Parkinsons is the selected condition; pt oasis admission, braden risk assessment; 50%; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2021; Replacement of right shoulder joint; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Enter name of tool here Enter the percentile here Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older; There has been a recent decline in function requiring skilled care	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/04/2021; CVA is the selected condition; Date of onset is within the last 4 months; Gate analysis; 50%; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/03/2021; CVA is the selected condition; Date of onset is within the last 4 months; MAHC 10 Fall Assessment; 8; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; Latarotomy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/02/2021; CVA is the selected condition; Date of onset is within the last 4 months; Tinetti; 11; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Enter name of tool here Enter the percentile here Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The member is under 1 year old.; Physical Therapy was requested; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; left cervical radical; 22; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2020; right knee acl reconstruction; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03-09-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; skin graft; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 01/04/2021; TBI is the selected condition; Date of onset is within the last 4 months; Optimal; 25% functional; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 01/28/2021; CVA is the selected condition; Date of onset is within the last 4 months; tinetti; 50; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Spinal Cord Injury (SCI) is the selected condition; 03/19/2020; Spinal Cord Injury (SCI) is the selected condition; Date of onset is more than 6 months ago; PTOASI admission; 50; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; mahc fall assesement; 4; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; OSWESTRY; 24; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; Parkinsons is the selected condition; LEFS; 49; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; pt evaluation; 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; moderate complexity; 50; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; LEFS; Z1/80; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/23/2021; RIGHT KNEE UNI ARTHROPLASTY; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Functional Dyspnea; slight; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/16/2021; CVA is the selected condition; Date of onset is within the last 4 months; mahc 10 fall risk; 6; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/16/2021; CVA is the selected condition; Date of onset is within the last 4 months; PT EVALUATION; 50; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/15/2021; CVA is the selected condition; Date of onset is within the last 4 months; Tinetti; 17; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; Left Shoulder Arthroscopic; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/25/2021; PORT PLACEMENT UNDER FLUOROSCOPY AND ULTRASOUND GUIDANCE; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/20/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/10/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/17/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/07/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/08/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/05/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Spinal Cord Injury (SCI) is the selected condition; 05/01/2020; Spinal Cord Injury (SCI) is the selected condition; Date of onset is more than 6 months ago; unknown; unknown; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/09/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/13/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; 97162; 59%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/19/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/01/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/08/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; DHI; 18; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/11/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/18/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/22/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Oasis questionnaire; 50%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; therapy assessment plan; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11/13/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quickdash; QuickDash; 27; 27; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is not in options listed; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Elbow request: ; LEFI; 52%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 24%; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is not in options listed; 11/12/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 50; The anticipated number of visits is other than 2.; 62; neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Upper Extremity was selected as the first body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; phq-2; phq-2; 5; 5; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hip/Pelvic; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Hand request: ; Three or more visits anticipated; GAIT ANALYSIS; UNKNOWN; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; UNKNOWN; 50; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 11/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; PATIENT HAD A DIFFUSE TBI, SO THE THERAPIST DOES GAIT TRAINING, AND THERAPEUTIC EXERCISES AND FDAS' WITH HER ALSO.; UNKNOWN; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; PATIENT HAD A DIFFUSE TBI. FOR OT, SHE DOES FDA (97530), WHICH IS FUNCTIONAL DAILY ACTIVITIES. RELEARNING HOW TO DO STUFF ON HER OWN.; UNKNOWN; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quick dash; 90%; quick dash; 90%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; UDI-6 20/24 83% DISABILITY;CRADI- 17/32 57% DISABILITY;POPDI- 14/24 58% DISABILITY; SAME; SAME; UDI-6 20/24 17% FUNCTIONAL;CRADI- 17/32 43% FUNCTIONAL;;POPDI- 14/24 42% FUNCTIONAL; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction,	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; foto; 47.0; The anticipated number of visits is other than 2.; foto; 47.0; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; lefs; 62; The anticipated number of visits is other than 2.; lefs; 62; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits:	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Pelvic floor disability index; 49%; The anticipated number of visits is other than 2.; Pelvic floor disability index; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate functional	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; low back pain disability; 20/50; The anticipated number of visits is other than 2.; modified low back pain disability; 20/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Saber plus; 59% functional; The anticipated number of visits is other than 2.; Saber Plus; 59% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 29/50; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY; 29/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; therapy source; unknown; The anticipated number of visits is other than 2.; therapy source; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Back pain questionnaire; 17/50; The anticipated number of visits is other than 2.; LEFS; 37/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; FOTO PFDI PAIN 83%;FOTO BOWEL CNST 48%;FOTO PFDI BOWEL 83%; The anticipated number of visits is other than 2.; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 53%; The anticipated number of visits is other than 2.; BACK INDEX; 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; lefs; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Manual LEFs; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation::; Severe objective and functional deficits: constant	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Pelvis/Hip request; ; ; The anticipated number of visits is other than 2.; =The hip is beign treated; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Shoulder request; ; Three or more visits anticipated; optimal instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; optimal instrument; 60%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits with instability; sporadic symptoms	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Wrist; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Wrist request; ; Three or more visits anticipated; LEFS; 34%; The anticipated number of visits is other than 2.; N/A; N/A used LEFS primary; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 48; The anticipated number of visits is other than 2.; FOTO; 48; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Pelvis/Hip request; Three or more visits anticipated; lower extremity Functional scale; 10; The anticipated number of visits is other than 2.; left knee osteo arthritis outcome score; 10 to 15; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Pelvis/Hip request; Three or more visits anticipated; LEFS; 71; The anticipated number of visits is other than 2.; LEFS; 71; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; LOWER EXTREMITY FUNCTIONAL SCALE; 23 OF 80; 23 OF 80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; optimal outcome; not available; not available; not available; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; WOMAC; WOMAC; 84%; 84%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; FOTO; FOTO; 49%; 49.0; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 03/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; Lower extremity functional scale; Lower extremity functional scale; 11/80 - 85%; 11/80 85%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; ; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; WOMAC; WOMAC; 54/96 56%; 56/96 56%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS; 23; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Head/Neck request;; Three or more visits anticipated; FODO; 69.0; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; 69.0; FODO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; MMT; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; MMT; 50%; The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 44% OUT OF 100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 44% OUT OF 100; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 31; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 31; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Thoracic Spine/Chest; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; therapy source; unknown; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; ; therapy source; unknown; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Harris Hip; 48; The anticipated number of visits is other than 2.; none; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; scale; 25%; The anticipated number of visits is other than 2.; scale; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Ief; 38; The anticipated number of visits is other than 2.; Oswestry Disability Index; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 56; The anticipated number of visits is other than 2.; FOTO; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02-02-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; OBSERVATION; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Unknown; Unknown; The anticipated number of visits is other than 2.; Back index; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; time up and go; 60; The anticipated number of visits is other than 2.; Romberg; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Pain Scale; ; The anticipated number of visits is other than 2.; Oswestry Pain Scale; 75% percent functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; modified oswestry; 30/50; The anticipated number of visits is other than 2.; modified oswestry; 30/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; none; 20; The anticipated number of visits is other than 2.; none; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; great medical center; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; nk; nk; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 23; The anticipated number of visits is other than 2.; Modified Oswestry; 23; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; time and go; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes th; patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; same; 29 out of 80; The anticipated number of visits is other than 2.; LEFTS; 29 out of 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 52%; The anticipated number of visits is other than 2.; Oswestry; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oswestry; 48%; The anticipated number of visits is other than 2.; oswestry; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; not sure; Enter score here The anticipated number of visits is other than 2.; not sure; not sure; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX 76OSWESTRY 76; BACK INDEX 76OSWESTRY 76; The anticipated number of visits is other than 2.; BACK INDEX 76OSWESTRY 76; BACK INDEX 76OSWESTRY 76; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 44; The anticipated number of visits is other than 2.; OSWESTRY; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; back Index; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 11/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oswestry; same; The anticipated number of visits is other than 2.; modified oswestry; 39.66; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 48; The anticipated number of visits is other than 2.; FOTO; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; modified Oswestry low back pain questionnaire; 24%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Dash; 70; The anticipated number of visits is other than 2.; DASH; 72; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; FOTO; 51; The anticipated number of visits is other than 2.; FOTO; 49; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS; none; The anticipated number of visits is other than 2.; Non-Surgical; LEFS; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; photo; 29; The anticipated number of visits is other than 2.; Non-Surgical; PHoto; 29; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lefs; 48; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 63; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Non-Surgical; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY LOW BACK; 44%; The anticipated number of visits is other than 2.; Non-Surgical; OSWESTRY LOW BACK PAIN DISABILITY; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Soto; 21%; The anticipated number of visits is other than 2.; Non-Surgical; Soto; 21%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; FOTO; 37%; 37%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Orthopedic Examination; ; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; ; Orthopedic Examination; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; FOTO; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; foto; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; oswestry; 84%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 74%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; function and pain questionnaire; 19; The anticipated number of visits is other than 2.; Three or more visits anticipated; function and pain questionnaire; 19; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lumbar Spine request; ; gait imbalance; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; gait analysis; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best describes the	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; lefts; 37; The anticipated number of visits is other than 2.; Three or more visits anticipated; oswestry; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; Koos; 55; The anticipated number of visits is other than 2.; Three or more visits anticipated; Koos; 55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; FOTO; 40%; The anticipated number of visits is other than 2.; Three or more visits anticipated; FOTO; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 28; LEFS; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2020; Spinal and cervical fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Oswestry; 66% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 66% functional; Neck Pain Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; neuro pain assessment.; 7/10; The anticipated number of visits is other than 2.; Three or more visits anticipated; ODI; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Optimal; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25; Optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Oswestry Low Back Pain Disability Questionnaire; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Optimal; 25% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40% functional; Optimal; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; Lefs; 70; The anticipated number of visits is other than 2.; Three or more visits anticipated; oswestry; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; FOTO; 52%; The anticipated number of visits is other than 2.; 52%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Neck Initial Evaluation; 21.77; The anticipated number of visits is other than 2.; 21.77; neck; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lumbar Spine request; ; Oswestry pain scale; 75% functional; The anticipated number of visits is other than 2.; Oswestry pain scale; 75% functional; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Modified Oswestry; 76; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Upper extremity functional scale; 40 out of 80; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; low back pain disability; 14/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; low back pain disability; 14/50; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength,	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; s/p Anterior cervical discectomy and fusion at C6-7 with interbody graft and cervical plate on 2/4/2021; Post-Op; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Neck pain index; 70% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Neck Pain Index; 70% functional; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Moderate objective and	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 58%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 58%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Modified Oswestry; 70; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; not sure; ; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; therapy source; unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; therapy source; unknown; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; E STEM; UNKNOWN; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; UNKNOWN; UNKNOWN; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Foto; 51%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Foto; 51%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Optimal; 60% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; optimal; 50% functional; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25; 25%; optimal tools; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal; 50% functional; The anticipated number of visits is other than 2.; 50% functional; optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 31.66; Therapy type is Rehabilitative; 24; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; optimal outcome tool; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal outcome tool; 75%; The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; oasis submission; 8; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 8; oasis submission; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; therapy source - right sided lacunar infarction -; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; therapy sourcehere; unknown; The patient was previously	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PT evaluation; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; The requesting provider is other than Physical Therapy or Occupational Therapy; PT evaluation; 50; The patient was previously independent with mobility and now requires human	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Pelvis/Hip request; ; Mahc assesment; 4%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Mahc assesment; 4%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; NDI; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Unkown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; BERG BALANCE; 45/56; The patient was NOT previously independent with mobility	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; NONE; NONE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/17/2020; Discectomy and cervical fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Modified Oswestry; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46; Modified Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; N/A; N/A, 50% BASED ON EXAMINATION; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 16% FUNCTIONAL; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Enter score here orthopedic exam; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40; Neck Weboutcomes; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated;; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Lower Extremity; 50%; The anticipated number of visits is other than 2; ; Therapy type is Rehabilitative; 50; Neck; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 76%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; foto; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 37%; foto; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated;; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 54 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Three or more visits anticipated; PATIENT UNABLE TO COMPLETE; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; NA; NECK INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; QUICK DASH; 57.00; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 57.00; QUICK DASH; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; NONE; NONE REPORTED; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 24; NDI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03-31-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; OSWESTRY; 58; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; ofwestry; 33/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 34/50; neck disability; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Low Back Questionnaire; 28/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 14/50; Neck pain questionnaire; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; soto; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; soto; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; FOTO; 31; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 31.0; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Disability Index; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Oswestry Back Disability Index; 60%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Back Index; 86%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 74%; Neck Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; low back; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 54%; modified odwestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; none; none; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Modified Oswestry Disability Scale; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 24 = 48%; Neck Disability Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 11/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; oswestry; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; OSWESTRY; 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 29/100; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical imparments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; NDI; 34.70/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 34.70/100; N.D.I; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; keet; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 64%; head and neck; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Modified Oswestry; 44; The anticipated number of visits is other than 2.; 44; Modified Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; N/A; 0; The anticipated number of visits is other than 2.; 50; Ankle; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Oswestery; 28; The anticipated number of visits is other than 2.; 48; DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; OSWESTRY; 16%; The anticipated number of visits is other than 2.; 26; ndi; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; Manual; manual; unknown; unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/21/2020; aortic valve replacement; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Tinetti balance and gait; not listed; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; not listed; unknown; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2020; EPIDURAL ABCESS SURGERY; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; ; Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Enter name of tool here Enter score here The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request: FOTO; 74; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; 74; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; LOWER EXTREMITY FUNCTIONAL SCALE.; LOWER EXTREMITY FUNCTIONAL SCALE.; 51/80; 51/80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Enter name of tool here Enter score here The patient was NOT previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; MMT; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; MMT; 50%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; Enter name of tool here unknown; unknown; Enter score here The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; TINETTI; Balance and Gate; 11; 3; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; ; Three or more visits anticipated; Therapy type is Rehabilitative; 18%; braden risk assesemnt; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; mahc; 50%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Head/Neck was selected as the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; JOINT REPLACEMENT SURGERY; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; Braden Risk Assessment; MAHC 10 Fall Risk; 50; 19; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; DGI; 62.5%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Vestibular Rehab was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Vestibular Rehab; Body Part for second pass is Gait/Balance; Physical Therapy;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 20%; 20%; oswestry; oswestry; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; BERG; BERG; 23; 23; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 50; 50; RANGE OF MOTION; RANGE OF MOTION TEST; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/24/2020; Trauma Surgery; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Fracture was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 36%; 36%; HEADACHE DISABILITY INDEX;NECK DISABILITY INDEX; NECK DISABILITY INDEX;HEADACHE DISABILITY INDEX; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti balance scale; balance 2 gait 0 total 2; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; clinical judgement scores; Clinical judgement scores - R; 35%; 35%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; braden; Braden; 15; 15; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; GAIT BALANCE; GAIT BALANCE; 15; 15; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; Therapy type is Rehabilitative; NDI; 28; Non Surgical; The anticipated number of visits is other than 2.; NDI = 28; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; n/a; Non-Surgical; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; none used; no score; Non-Surgical; The anticipated number of visits is other than 2.; 50; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Neck disability index; 38; Non-Surgical; The anticipated number of visits is other than 2.; 19; Neck disability index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Oswestry; 65%; Non-Surgical; The anticipated number of visits is other than 2.; 65%; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; therapy source; unknown; Non-Surgical; The anticipated number of visits is other than 2.; unknown; therapy source; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ROM; 50; Non-Surgical; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/30/2020; ACDF; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; FODO; 43; Post-Op; The anticipated number of visits is other than 2.; 43; FODO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 55%; Non-Surgical; The anticipated number of visits is other than 2.; 55%; Quick Dash; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; None; 0; Non-Surgical; The anticipated number of visits is other than 2.; 40%; FOTO Neck; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 30%; Non-Surgical; The anticipated number of visits is other than 2.; 30%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; 28; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 41; Non-Surgical; The anticipated number of visits is other than 2.; 41; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; same; same; Non-Surgical; The anticipated number of visits is other than 2.; 47.0; foto; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 36%; Non-Surgical; The anticipated number of visits is other than 2.; 36%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; MOBILITY;CERVICAL FLEXION 60 DEGREE;EXTENSION 30 DEGREE;LATERAL FLEXION R20 DEGREE L 15;LAT ROTATION R 50 DEGREE L 60; CERVICAL FLEXION 60 DEGREE EXTENSION 30 DEGREE LATERAL FLEXION R20 DEGREE L 15 LAT ROTATION R 50 DEGREE L 60; Non-Surgical; The anticipated number of visits is other than 2.; 26/50; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; range of motion; -2, -2, 3; Non-Surgical; The anticipated number of visits is other than 2.; 82%; range of motion; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 79%; Non-Surgical; The anticipated number of visits is other than 2.; 79%; NECK INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; NPI; 30%; Non-Surgical; The anticipated number of visits is other than 2.; 30%; NPI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Shine questionnaire; 28; Non-Surgical; The anticipated number of visits is other than 2.; 28; Spine questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Only the Neck WebOutcome tool was used.; Neck WebOutcome 32; Non-Surgical; The anticipated number of visits is other than 2.; 32; Neck WebOutcome; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength,	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; 50/100; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 87; Non-Surgical; The anticipated number of visits is other than 2.; 64; neck index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; range of motion; Flexion right 3;Extension 3;abduction 3; Non-Surgical; The anticipated number of visits is other than 2.; 61%; SPADI; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength,	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; OPTIMAL INSTRUMENT; 75%; Non-Surgical; The anticipated number of visits is other than 2.; 75%; OPTIMAL INSTRUMENT; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 17%; Non-Surgical; The anticipated number of visits is other than 2.; 60%; neck disability; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request.; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; Pain Drawing; NA; Non-Surgical; The anticipated number of visits is other than 2.; NA; Pain drawing; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry disability index; 58; Therapy type is Rehabilitative; 68; Oswestry disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OPTimal; 25%; Therapy type is Rehabilitative; 25%; optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal instrument; 25%; Therapy type is Rehabilitative; 25%; optimal instrument; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments without distal symptoms best describes the	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; therapy source; unknown; Therapy type is Rehabilitative; unknown; therapy source; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck; 50; Therapy type is Rehabilitative; 50; neck; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal outcome tool; not available; Therapy type is Rehabilitative; not available; optimal Outcome tool; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; MOD OSWESTRY; 18; Therapy type is Rehabilitative; 22; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Hospital Functional Index; 17; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 17; Hospital Functional Index; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; pain scale; 8; The anticipated number of visits is other than 2.; pain scale; 8; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Shoulder request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; OPTIMAL; 85/110 = 77% disability; Therapy type is Rehabilitative; OPTIMAL; 85/110 = 77% disability; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Shoulder request; ; Three or more visits anticipated; LEFS; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; LEFS; 46; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes th; Severe objective and functional deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Back Index; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Quick Dash; 43; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits without instability: sporadic	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; PHQ; 0%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Oasis assessment; 50%; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Shoulder request; Three or more visits anticipated; LEF; 25; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; None.; none; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Shoulder request; Three or more visits anticipated; FOTO KNEE; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; SHOULDER PAIN AND DISABILITY INDEX; DISABILITY INDEX 66%; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Shoulder request; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; n/a; 19% functional; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Shoulder request; Three or more visits anticipated; LEFS; 25; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; QD; 68; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; foto; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; foto; Enter score here Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; OPTIMAL; 67/110; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; OPTIMAL; 67/110; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; foto; unknown; Non-Surgical; The anticipated number of visits is other than 2.; unknown; foto; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 25/100; Non-Surgical; The anticipated number of visits is other than 2.; 25/100; Quick DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; Mr. Martin is a 47 year old male. He is here today for hospital follow up. He was admitted from 11/26 to 12/3 for CVA. Hospital records reviewed. He presented to the hospital for right sided weakness, right facial droop, and slurred speech. He was started; Mr. Martin is a 47 year old male. He is here today for hospital follow up. He was admitted from 11/26 to 12/3 for CVA. Hospital records reviewed. He presented to the hospital for right sided weakness, right facial droop, and slurred speech. He was started; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Mr. Martin is a 47 year old</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; 40%; Non-Surgical; The anticipated number of visits is other than 2.; Unknown; Neck instability index.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; ; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; qm PRA (M1400) Braden Risk Assessment; 35%; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; pt oasis assessment; 35%; The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SHOULDER PAIN AND DISABILITY INDEX; 37% FUNCTIONAL;63% DISABILITY; Non-Surgical; The anticipated number of visits is other than 2.; 74% FUNCTIONAL;26% DISABILITY; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; Gait and Tinetti; 4; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Gait and Tinetti; 4; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Non-Surgical; The anticipated number of visits is other than 2.; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash with work module; Quick Dash 27%; Work Module 75%; Non-Surgical; The anticipated number of visits is other than 2.; None; None; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 75%; Non-Surgical; The anticipated number of visits is other than 2.; 70%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; berg; 48; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; berg; 48; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Tinetti; 28; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; The requesting provider is other than Physical Therapy or Occupational Therapy; gait; 12; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADIDASH; 81%; Non-Surgical; The anticipated number of visits is other than 2.; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal outcome; optimal outcome; 50%; 50%; Non Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; quick dash; 52.27; 52.27; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick Dash; lower functional quick dash; 56.82; 56.82; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 11/19/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; optimal instrument; 75%; 75%; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; therapy source; unknown; Therapy type is Rehabilitative; therapy source; unknown; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; Quick Dash; 61.0; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hand; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/13/2021; FUSION OF T11-T12; Post-Op; Thoracic Spine/Chest selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; OWESTRY; 49; The anticipated number of visits is other than 2.; QUICK DASH; 29; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; ODI; 22/50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ODI;OSWESTRY DISABILITY INDEX; 22/50; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; OSWESTRY; 14%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY; 14%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Optimal; 40%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Optimal; 40%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 20-39; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 39; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; FOTO; 45; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; FOTO; 46; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 80% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 80% functional; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; ofwestry; 31; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ofwestry; 31; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; owestry low back; 54%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; none; unknown; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2020; spine surgery; Post-Op; Thoracic Spine/Chest selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Thoracic Spine/Chest request.; braden; 15; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; braden; 15; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to thoracic/lumbar	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY; 36; Therapy type is Rehabilitative; 36%; OSWESTRY; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry Disability Index Score; 56%; Therapy type is Rehabilitative; 56%; Oswestry Disability Index Score; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 11/05/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; unknown; unknown; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/10/2020; Thoracic Spine Surgery; Post-Op; Thoracic Spine/Chest selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Thoracic Spine/Chest request.; unkn; unkn; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; unkn; unkn; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 70%; Therapy type is Rehabilitative; Oswestry; 70%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck Disability Index; 48; Therapy type is Rehabilitative; DASH; 48; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; N/A; N/A; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 11; DASH; 11%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; internal fixation fracture—ORIS; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; UESS; 79%; UESS; 79%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; Right shoulder arthroscopy and bicep tenotomy and carpal tunnel release.; Post-Op; Wrist selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Unknown; Unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; DASH; 32%; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; Tinnitus; tinetti; 50%; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; ; ; 30; 30/100; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; Foto; Foto; 50%; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Second Pass check point; Body Part for second pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; Surgery on the digestive system; Post-Op; Questions about your Lower Leg request; ; GAIT BALANCE; 15; 15; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Elbow; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/24/2020; ACETABULAR FRACTURE WITH VERTICAL SHEAR PELVIC RING INJURY; Post-Op; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 52/100; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; n/a; n/a; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Hip/Pelvis; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/18/2020; Open Reduction Hip; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; n/k; n/k; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; POP1Q-7; 38%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Hip/Pelvis; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Optimal instrument; 50%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; tug,mahc,sit and stand; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Tinetti; 19; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Outcome survey; 77; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; Enter score here Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; ; 60/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Braden Risk Assessment; 23; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 2/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; lefts; 33; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 68; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 26 OF 80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; none; none; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; optimal outcome tool; 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; PT REASSESSMENT; 30; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01-15-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; NA; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Unknown; Enter score here Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 54%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Lumbar Spine; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 35%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for</p>	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 56%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modify ostery; 58; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/10/2021; Lumbar fusion.; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 25%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 70; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 56 OF 100; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; UNKNOWN; UNKNWON; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated, odwestry; 10; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; na; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; foto; 72 percent functional; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 58%; NDI; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; gait and balance score; 18% -tineti21 tug seconds; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; Unknown; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; unknown; unknown; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TP REP DID NOT HAVE INFORMATION AVAILABLE; TP REP DID NOT HAVE INFORMATION AVAILABLE; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal instrument; 3; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; tenetti balance and gait score; 6; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; UNKNOWN; UNKNOWN; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; will fax; Enter score here Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/16/2021; repair and patch GI anastomosis perforated EGD and dilation; Post-Op; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Timed Up and Go (TUG); unspec; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Unspecified; Unspecified; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; 50/100; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; unknown; none; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Enter name of tool here Enter score here Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; caller does not have info; caller does not have info; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 74 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; Unknown; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LE; 21 to 80; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 41; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 6; Non Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/18/2020; left shoulder arthroplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/06/2021; ROTOR CUP REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NA; FLECTION 50D EGREEXTERNAL ROTATION: 15 DEGREE SHOULDER ABDUCTION ; 60 INTERNAL ROTATION; 30; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/16/2021; TOTAL SHOULDER; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; TP REP DID NOT HAVE INFORMATION AVAILABLE TP REP DID NOT HAVE INFORMATION AVAILABLE Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Enter score here Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; E-Stim; n/a; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; DASH; 35; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; DASH; 63.6%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; QD; 52.27; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick Dash; 14%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; range of motion; strength; 60; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 88%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; tinetti; 13; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; FOTO; 43.0; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Thoracic Spine/Chest; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/23/2020; elbow surgery; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request.; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 67; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 53; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 30 OF 100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; UPPER EXTREMITY FUNCTIONAL SCALE; 61/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/19/2020; Left 3rd digit ORIF; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick Dash; 20% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2020; carpal tunnel; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; dash; 79.5; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2021; Left thumb EPL repair and CMC arthroplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper extremity quick dash; 61; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ueff and Quick dash; 42%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/18/2021; Extensor Tendon Repair; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper extremity Quick Dash; 71; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; Right carpal tunnel release.; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper extremity quick dash; 70.45 /100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal outcome tool; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 81.82; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Optimal; 65/110=59% disability; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; UEQD; 65; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated, This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 14/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11-24-2020; right THA; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO Hip; 42% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Modified Hip Harris; 53.8%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 55%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Oswestry- disability index; 22; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 29; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2020; Left Long Trochantericiml itsyndrome; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 23%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Bladder and urine problems; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; OSWESTRY; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 62/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 83; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; n/a; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Pain disability index; 0; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; none; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; TRANSVERSE ABDOMINUS STRENGTH TEST; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 77%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; Right direct anterior total hip arthroplasty; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Western Ontario and McMaster Universities Osteoarthritis Index; 66%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested;</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 13; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; LEFT HIP ARTHROSCOPY; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/26/2020; GSW; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; optimal instrument; 15; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Clinical judgement scores; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-11-2021; left hip athroscopy; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LES; 23/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Single Leg stance; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 18 OF 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; Total Hip Replacement; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 29/80 = 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; unknown; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Lower extremity functional scale; 22 out of 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	2 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; FOTO; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; LEFT HIP LABRAL DEBRIDEMENT; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 29; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; LEFS; 66% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; PFFS; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LEFS; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/18/2021; hip replacement; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; MAHC 10 fall assessment; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2021; TOTAL HIP REPLACEMENT/ARTHOPLASTY; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; lefs; 74; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 40 OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 21.3%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Hip Disability and Osteoarthritis Outcome; 79%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/03/2020; LEFT TOTAL HIP REPLACEMENT; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2020; RIGHT TOTAL HIP REPLACEMENT; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; WESTERN ONTARIO AND McMASTER UNIVERSITIES OSTEOARTHRITIS INDEX; 40.6%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; LEFS; 16%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; left; 62; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; knee outcome survey; 45; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 29%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFF; Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 39%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 63; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 62%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal instrument; 75% Functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FODO; 41; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Koos; 55%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 63%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Ext.; 38.62; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 45%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Strength and range of motion; 92; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 32%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; NO Functional Outcome Tool was used; N/A; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; their own; 78; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal instrument; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ADL Function; 40%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 70%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 43%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 68; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; NOT ENTERED IN EVAL NOTES; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 14/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Range of Motion; 32; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 9%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS Form; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTERITY FUNCTIONAL INDEX; 39%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 69% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal:13; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KNEE INJURY AND OSTEOARTHRITIS OUTCOME; 48%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 46%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 47%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 34/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 58%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 64%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lysholm knee score; 37% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 45; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lysholm knee score; 57/100 aka 43% disability; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; OPTIMAL; 11; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Patient Specific Functional Scale; 3.00; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KOS; 39; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; mahc 10 fall risk; 4; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal Outcome tool; not available; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 61 OUT OF 100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lysolm; flexion 3+;Extension 3+;total score 29; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; none; 94%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 37; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lefts; 36; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal; 75%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; KOOS JR.; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here 80/100; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 13 OF 80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 30/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Focus On Therapeutic Outcomes, Inc.; 38; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; N/A; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 15; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 41; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LYSHOLM; 28/100 72% DISABILITY; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; manual therapy; 78; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal Outcome Tool; bending 4;stooping 4;standing 4;;goal score 6; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 69% functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Function Scale; 26%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 56%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extremity functional scale; 28/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 53%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Pain scale; 8; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/12/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lefts; 31; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFI; 39%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; N/A; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 56; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; None; None; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 41%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 51 OF 80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LE; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optical instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Unknown; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low back index; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY; 96%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MRI scan lumbar spine accomplished December 10 showed disc space narrowing L5-S1 with a paracentral disc herniation 1.1 cm x 0.6 cm 2 cm in height causing right lateral recess stenosis and compresses the S1 nerve root centrally favoring the right side. T; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; N/A; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY BACK INDEX 64%;Evaluation by Therapist; 64%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 76; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 28 out of 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWTRY; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY MODIFIED; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Disability Questionnaire; 12%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 24%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ipop evaluation; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Questionnaire; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; PERCENT FUNCTIONAL REPORTED AT 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 32/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; therapy source; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Williams Flexion; Pain scale 2-4; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED LOW BACK PAIN DISSABILITY; 17/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK DISABILITY INDEX; 72.3; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 72%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 60% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; 60% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; DASH; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 51; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal inst; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestery; na; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 55%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Painscale; 10; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10-22-2020; lumbar fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; disability; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 40.6%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 17/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; modified oswestry index; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; aswestry; 51; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ndi and oswestry; ndi 32% oswestry 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; owestry low back; 12/45 27%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ofwestry; 3; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 17; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MO; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 38 OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 15; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 27; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OWESTRY; 4; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2020; modified pars defect repair; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 50.2; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; low back pain questioner; 26%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 18%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 65%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instruments; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lowback pain disability; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified LBP; 8/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Disability Index for Low Back Pain; 76%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 68; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; low back index; 25 out of 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK; 46% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Not available; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; Z5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; PATIENT COULD NOT UNDERSTAND; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2019; REPLACEMENT OF DEVICE FOR INTRATHCCAL DRUG INFUSION, PROGRAMMABLE PUMP; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/03/2020; LUMBAR FUSION; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestery; 78%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MO OSestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 11; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 18; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Lumbar; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified oswestry; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 16; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 68; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; modified low back pain disability; 33; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-08-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-08-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 58; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03-23-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 28/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto score; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 20; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONAIRE; 71.7% FUNCTIONAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 48 OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2020; Spinal Fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 68%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 30/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 56 OUT OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 70/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Focus on therapeutic outcomes; 49; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; na; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified low back pain disability; 20/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; clinical judgement scores; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO Lumbar; 61%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified Oswestry; 19; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 64% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; initial score was 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Pain Scale; 32% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 16; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; IOW BACK PPAIN; 24; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OFFWESTRY; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal tools; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 54 percent functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 58% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ROM; 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LDl; 28%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/02/2021; ACD/ C5-7; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 72; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 37; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 44%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Ostere; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; pelvic gurdle questionnaire; 45%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal Instrument; 8; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; NO SCORE ENTERED IN NOTES; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Owestry; 24/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 30/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified oswestry; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 84%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; owestry; 66% disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ADL; ROM 15%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 26.0%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 26% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome tool; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; low back pain disability; 19 out of 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestery; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; functional rating score; 60%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestery; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Pain Scale; 58% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 26%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/10/2020; LUMBAR FUSION; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Unknown; Unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ofwestry; 15; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LE; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/25/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12-21-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK; 44 OF 100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LBI; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 33/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ofwestry; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ofwestry; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified oswestry; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; Score of 8;25% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 14/50; MODIFIED OSWESTRY; 14/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here Non-Surgical; photo; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; ; 50/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 40; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 49; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Foto; 52%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Low Back; 44; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Modified Oswestry; 46; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; none; none; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Optimal; 75% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; optimal; not available; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry Back Index; 12; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; OSWESTRY; 9; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Oswestry; 22; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; UNKNOWN; 25/50; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01-12-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 68 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25; neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; exercise and training; 50; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; optimal tool; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 76%; NECK D; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Enter name of tool here 50; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 32%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/03/2020; ORIF Right Talus; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 48; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 0%; Optimal Tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24 of 50; Modified low back pain disability.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/13/2021; removal left leg below the knee; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; berg; 100 fall risk; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/04/2020; ACD FUSION; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 31/50;Benchmark 62%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 10; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 17 out of 50; neck index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 28 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; s/p left Achilles tendon; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; optimal instrument; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 9; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 60/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 29/50; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 37; quidash; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 16; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/21/2020; repair of closed traumatic subluxation of tarsometatarsal joint of left foot; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Berg balance test; 27/56; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 12; Neck index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 48%; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; OSWESTRY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2020; Repair of Nondisplaced;fracture of R tibia; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/06/2020; Bilateral TMJ reconstruction; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 27.5%; TMJ Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 58%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 58%; NDI WebOutcomes; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/23/2021; Surgery to repair fracture of right tibia after gun shot wound.; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; LEFS; 78; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TUG with RW; 1.30 seconds; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; MACH-10 Fall risk assessment; unspecified; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2020; cervical fusion; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 17/50; Neck Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 65; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal instrument; 50; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative;; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24%; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti; 75%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03-08-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 43; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/26/2020; Anterior cervical discectomy and fusion, decompression of spinal cord bilateral neural elements on C5-6, C6-7; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 64% functional; Neck Pain Scale; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 75.3%; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; FGA; 17%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 76.25; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 38; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 65%; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; not available; optimal outcome tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 32; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 15/50; Neck pain questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 32%; Neck Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 60%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/06/2021; Anterior cervical discectomy and fusion for decompression, c6-7; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 76% functional; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2020; Rod and pin to left tibia.; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; LEFS; 43/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 20%; Quick Dash; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; optimal tools; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 62%; NPI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; TUG; 25%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Lower Extremity Index; 46%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 12; ndi; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66% Functional; FOTO Neck; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2021; knee arthroscopic; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; LEFS; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 38; Neck Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Questionnaire Optimal instrument; 9%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Low ext.; 60; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 36 out of 100; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 37; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; Neck Pain Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66%; Neck disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 23/50; neck dis. index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 76%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 44% functional; neck pain index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 75%; range of motion test and manual muscle testing; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50/100; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; NECK Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/29/2021; Neck surgery; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50; OBWESTRY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 43.18/100; UPPER EXTREMITY QUICK DASH; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66%; neck disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 29/50; Neck Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 64%; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 72%; Neck Pain Disability Index Questionnaire; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; CERVICAL DISCECTOMY FUSION ANTERIOR APPROACH; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 34; OSWESTRY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 66%; Neck Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 0.16; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 10; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 65%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10.23.2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; optimal instrument; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/27/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 21; neck pain; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 55%; Temporomandibular joint dysfunction disability index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 42%; Modified Oswestry Low back pain Disability; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; 25/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/04/2020; ; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; lefs; 37/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 75%; DASH; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 75%; optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 7 of 10; pain scale; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 9; NECK DISABILITY; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 40%; neck index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2020; fusion c5and c6fixation kage placement; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 12; oswestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; anterior cervical discectomy and fusion; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Enter name of tool here tinetti balance and gait score , balance 17, gait 12, total 28; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; Questions about your Lumbar Spine request.; PSFS; 78%; The anticipated number of visits is other than 2.; Three or more visits anticipated; PSFS; 78%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; ; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 20; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; 56%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LESF; 4%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; optimal instrument; 60%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal tools; 25; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; therapy source; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/08/2020; rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal; 0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; n/a; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; RIGHT ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 64 OF 100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 45.50; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 31; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/12/2020; Rt. shoulder rotator cuff; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; dash score = unknown; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 40%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity quick dash; 18.18%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2021; Left shoulder arthroscopic Rotator cuff repair, Left shoulder arthroscopic Distal clavicle decision, 1 cm excision; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder pain and disability index; 130/130; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal instrument; 25%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity disability index; 28; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2021; RCR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; None; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 55%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 56%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/11/2021; 1. RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR; 2. RIGHT SHOULDER ARTHROSCOPIC DISTAL CLAVICAL EXCISION, 1CM EXCISED; 3. RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/12/2021; shoulder manipulation; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; ; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; OPTIMAL; 15%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH; 73/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/15/2021; 1. LEFT SHOULDER ARTHROSCOPIC DISTAL CLAVICAL EXCISION, 1 CM EXCISED;2. LEFT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION;3. LEFT SHOULDER ARTHROSCOPIC ROTATOR CUFF DEBRIDEMENT; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 110/130; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/19/2021; rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity Quick Dash; 18; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 18/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 9%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; Right Shoulder Rotator Cuff Repair (Arthroscopic); Right Shoulder SLAP tear Repair (Arthroscopic); Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 75/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/04/2021; LEFT SHOULDER ARTHROSCOPIC DEBRIDEMANT, BECEPS TENOTOMY.; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; OPTIUMAL INSTRUMENT; 25%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/19/2021; RARTOR CUFF ON THE RIGHT SHOULDER; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EM INDEX; 60%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/17/2020; PROCEDURES: ;1.Glenohumeral arthroscopy with anterior capsule labral reconstruction (Mitek Lupine 3.0 x3).;2.Arthroscopic AC resection/Mumford procedure via anterior arthroscopic approach.;3.Coracoid decompression (4 mm lateral coracoid).;4.Exten; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; ; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 93.18%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2020; S/p Shoulder scope with DCR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Owestry; 57; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; LEFT SHOULDER; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; Enter score here Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; left shoulder surgery; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 50; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 34%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 35%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO Shoulder; 70%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 75; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2021; Lt Shoulder Arthroscopy with RCR, Bicep Tenodesis, SAD, DCE; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 10%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 20; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; OPEN REDUCTION AND INTERNAL FIXATION OF RIGHT PROXIMAL HUMEROUS FRACTURE; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 26%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity functional scale; 51/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 10; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2020; 1. RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR (DOUBLE ROW);2. RIGHT SHOULDER ARTHROSCOPIC BICEPS TENDEOSIS;3. RIGHT SHOULDER ARTHROSCOPIC DISTAL CLAVICLE EXCISION;4. RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 30%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2020; Right Rotator Cuff Repair;Right Subscapularis Repair;Right Subacromial Decompression; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Dash; 18/100;;80% Disability; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01-29-2021; Shoulder scope with DCR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 25%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/2021; Shoulder Arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-24-2020; Spinal fusion; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 68.25; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2021; Right shoulder diagnostic and operative arthroscopy with arthroscopic rotator cuff repair and subacromial decompression, biceps tenotomy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 10%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 47%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Hawkins Kennedy; 40 out of 80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 32%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/11/2021; s/p R RTC repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 40; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 61%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; Anterior Cervical Discectomy and Fusion C4-C5 and C5- C6 with Zero P; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/27/2021; Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 75%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 6; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 65; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The Dash; 36.67; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021; Right TSA with biceps tenodesis; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 68; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; Right Shoulder Arthroscopy with Anterior Reconstruction; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03-29-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY FUNCTIONAL INDEX; 2.5%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; Unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder Pain and Disability Index; 26%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; Left rotator cuff; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Dash; 20; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The upper extremity functional index; 86%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; Left Rotator Cuff Repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 40.91/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash outcome; 27%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; Shoulder RCT repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; 12%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 47; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 76%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 41%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; THE UPPER EXTREMITY FUNCTIONAL INDEX; 22%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/17/2021; ac joint repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 75%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 45%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 60%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder Pain and Disability Index; 98%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; WONG BAKER PAIN RATE SCALE; Unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/13/2021; Right shoulder labral reconstruction; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 38.6%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 68.18 percent functional; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Neck Disability Index; 34; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QD; 61%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 52/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; Shoulder Arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SHOULDER PAIN AND DISABILITY INDEX; 51% FUNCTIONAL; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 58%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UNKNOWN; N/A; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Needling; 80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; right rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal outcome tool; greater than 75%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 52; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 85%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; right shoulder hemiathropeasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 37.0%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/24/2021; M75.122; Nontraumatic complete tear of Left Rotator Cuff; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 90.91/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 16%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI (Shoulder Pain and Disability Index); 38/130 29%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; SPADI; 31%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 47; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICK DASH; 73; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; pain scale; 8; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI); 64% FUNCTIONAL AND;36% DISABILITY; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 28/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/26/2021; OPEN ROTATOR CUFF REPAIR, OPEN BICEPS TENODESIS, LABRAL DEBRIDEMENT, SUBACROMIAL DEBRIDEMENT, Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 3%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; right open clavicleal. dis.; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; rehad and pain questionnaire; 43; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/20/2020; Shoulder left rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 40/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 25; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/05/2020; RT SHOULDER ROTATOR CUFF TEAR, ACROMIOCLAVICULAR JOINT OSTEOARTHRITIS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UIF; 13; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 36%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dach; 31; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/17/2020; RIGHT BYCEP REPAIR RIGHT SHOULDER ARTHROPSCAPY; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash upper extremity functional scale; 79 impairment ,6 over 80; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/03/2020; SLAP lesion repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal instrument; 45%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Assessment; 12 on a scale of 3 to 15. With 3 being the best and 15 being the worst.; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/19/2020; Right shoulder scope with Bankert repair.; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash.; 100 of 100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2020; left sldr arthroplasty; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 60.8; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 35; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Shoulder pain and disability index; 70 disability and pain scale 48%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/16/2020; left shoulder decompression; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 61.36; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY FUNCTIONAL SCALE; 37/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/21/2020; Total right reverse shoulder replacement; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 25%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; 38/39; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; spade; 124/130; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity; 45/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; 12/80; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 70; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/01/2020; LEFT ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 56%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/23/2020; left shoulder AASAD lab tear; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 56.81%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/06/2020; ARTHROSCOPY OF LEFT SHOULDER ASSISTED MINI OPEN ROTATOR CUFF REPAIR, DISTAL CLAVICLE RESECTION, AND DECOMPRESSION; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 20%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 40; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; oswestry; Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 70%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY DISABILITY INDEX; 24%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Modified Oswestry; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry pain scale; 72% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 29.50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Neck; 21/50 42%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry: Low Back Disability Index; Patient's score of 25/45 indicates 56% limitation at initial evaluation; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; 45%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; NECK DISABILITY INDEX; 32; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY; 16/80; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2019; spinal fusion; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal outcome; not available; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Instrument; 70%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; OSWESTRY; 70%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 41; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry; 58; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/25/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; ofwestry; 29; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; photo; 46; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; ; ; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; DASH; 29; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request; The anticipated number of visits is other than 2.; NECK DISABILITY INDEX; 32%; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/17/2020; Dequeerzains release of the first dorsal compartment left wrist; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Upper extremity quick dash; 78; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2020; Carpal Tunnel release; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Quick dash; 63.64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/15/2020; remove cyst; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Requestor is a fax; Physical Therapy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic for the member's plan	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; ORIF; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; Same; The anticipated number of visits is other than 2.; Pain questionnaire; 25%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation::; Severe objective and functional deficits: constant</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/07/2021; hardware removal; Post-Op; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; knee outcome survey; 26%; The anticipated number of visits is other than 2.; LEFS; 26%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation::; Severe objective</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/09/2020; leg; Post-Op; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Knee request; ; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Enter name of tool here 40%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; First Pass; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/02/2021; knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; range of motion and pain; Enter score here Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2020; joint replacement surgery; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lefts; 18-80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2020; Right Total Knee Arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal Instrument; 0%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01-11-2021; right total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 0/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/06/2021; total knee arth; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 10/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/29/2020; MACI PROCEDURE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; L TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; gait analysis; 9, 22 for the tonetti; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/07/2021; Internal fixation removal of left patella; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extremity functional scale; 22 out of 80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; Right total knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits</p>	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/02/2021; Right total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 30; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; Total Right Knee Revision; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; R Knee surgery; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/18/2021; Total knee replacement.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 21; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; below knee left amputation; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Tinetti; Tinetti score = 6; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2021; RT TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 8.75%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2021; Left Total Knee Arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 13.75%; The anticipated number of visits is other than 2. ; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 35%; The anticipated number of visits is other than 2. ; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; Total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Timed up and go; 50%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; Total knee replacement was performed; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 25%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; TOTAL KNEE REPLACEMENT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY OBJECTIVE MEASURES; 50; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/19/2021; left total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; koo; 25%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/21/2021; repair of the left knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; independent with all mobility and function.; 82/96; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2020; left knee munisectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; foto; 58; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; total knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2020; left patella otes procedure; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefs; 0; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/29/2020; ORIF Distal right femur; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal; 25% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; Left Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Knee Outcome Survey; 63.0; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p>	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; Total L knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 8.8; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; Joint surgery; Post-Op; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; Tinnetti; tinnitti; Balance gate and fall 12%; balance and gait 12%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; JOINT SURGERY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; BRADEN WRIST ASSESSMENT; 19; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; UNSTEADY GAIT 30; The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2021; joint replacement surgery; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; braden risk assessment; 22; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Mahc 10 assessment; 5; The patient was NOT previously independent with mobility and now requires human assistance and/or an	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/02/2021; Bariatric surgery; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; mahc; 25; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; tinetti; 17; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2020; LEFT KNEE ARTHRO; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 2/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2020; LEFT KNEE ARTHRO; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 0/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; right knee arthroscopy with partial medial meniscectomy with partial lateral meniscectomy . arthroscopic right knee synovectomy and synovial biopsy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefs; 42; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/06/2021; ACL reconstruction and partial and lateral mensictomonmy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/15/2021; knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; Left Knee Scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Orthoscopic; N/A; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; ; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 5; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/27/2021; ; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 21%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/29/2021; KNEE MENISCECTOMY ARTHROSCOPIC- Rt 10 Partial Medial and lateral meniscectomy;2) extensive arthrofibrosis debridement, 3)shaving chondroplasty trochlea and anteromedial KNEE MENISCECTOMY ARTHROSCOPIC- Rt 10 Partial Medial and lateral meniscectomy;2) e; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower functional score; 76%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/29/2021; L ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 18%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; LEFT KNEE ARTHROSCOPY WITH ABRASION CHONDROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 35; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/08/2021; right knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; questionnaire; 65% functional loss; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; LEFT ACL RECONSTRUCTION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 21/80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; Left Meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; LEFS Form; 12 of 80; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; LT KNEE SCOPE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 25%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/08/2021; left knee chondroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal instrument; ; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; torn acl right knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lefs; 6.25; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; >kos; 66; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; left knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; lysholm; 56% disability .44/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2021; left knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; N/A; 15%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/08/2021; Arthroscopy with ACL reconstruction with Hamstring autograft; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; MIPS; 11%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/10/2021; Left knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; S/P LEFT KNEE ARTHROSCOPIC ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH A BONE PATELLAR TENDON BONE AUTOGRAFT ON 03/11/21.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); 10% FUNCTIONAL AND ;90% DISABILITY; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2021; S/P LEFT KNEE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION/REVISION.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; FOTO; 41 OUT OF 100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; Total Knee Arthroplasty (TKA); Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; MAHC 10 Fall Risk; 3; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2021; HAD ATS WITH DEBRIDEMENT OF HYPERTROPHIC SYNOVIUM AND HYPERTROPHIC FAT PAD; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/17/2021; Knee ACL surgery; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal instrument; 0%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2021; Right total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; MAHc 10 fall risk; 50; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/08/2020; total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; range of motion; 75; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2020; I knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/22/2020; KNEE ANTERIOR CRUCIATE LIGAMENT REPAIR; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Pt arrives ambulatory using one crutch and demonstrating reciprocal gait with WBAT on L LE. Pt states that he has been compliant with HEP thus far. Pt is very motivated to get well and is ready to run again as soon as possible. Reminded pt of all post sur; 50/100; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/19/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/04/2020; Right ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal; 25% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/20/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/18/2020; scope of I knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2021; KNEE SURGERY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; N/A; NA; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/04/2020; l knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/11/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/09/2020; r knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknow; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/10/2020; TOTAL KNEE REPLACEMENT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; between 50 and 75; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; Right knee arthroscopy (TKA); Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Optimal; 40% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Hand request; ; Balance/ Gait/ Foot procedure; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; PHQ/ Brandon Wrist/ Balance; 50; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Pelvis/Hip request; ; unkown; 26; The anticipated number of visits is other than 2.; unkown; 25; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily</p>	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 11/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Lumbar Spine request; ; Lower extremity functional scale; 47; The anticipated number of visits is other than 2.; Three or more visits anticipated; None used.; No score; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Lower Leg request; ; LE functional scale; 60 of 80 for the right foot; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits:</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Oasis; 50; The anticipated number of visits is other than 2.; Oasis; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Oasis; unknown; The anticipated number of visits is other than 2.; Oasis; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/07/2019; Achilles debridement, Haglund's resection, fhl transfer, tarsal tunnel release; Post-Op; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Foto; 49; The anticipated number of visits is other than 2.; Foto; 49; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/10/2021; CELIAC ARTERY DISSECTION; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; MAHC 10 FALL RISK ASSESSMENT; 7; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 9; The patient was previously independent with</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Thoracic Spine/Chest request.; lower ext; 35; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Lower ext; 40; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation;</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 59; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2020; ORIF Right Calcaneus Revision; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foto; 43%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal outcome tool instrument; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 77; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; MMT; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2020; Hell spur; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 56%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; none; Denise M Hampton is a 46 y.o. female who had concerns including Foot Problem (Patient is here today for follow up bunionectomy with osteotomy and screw fixation left foot on 7/10/20. Patient states that she still has no feeling in the left 2nd and 3rd to; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2020; lumbar decompression; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2020; Bunionectomy; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 63; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 35; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; lfs; 54/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Optimal; 30%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; foto; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; AMPUTATION of foot; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 25; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/09/2021; ACHILLES TENDON REPAIR, HEEL BONE SPUR; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 41 OUT OF 100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 39; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; OPTIMAL; 15%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FADI; 107 out of 136; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower Extremity; Lower Extremity Functional Scale 19/80; Scale 19/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFI; 75; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 68% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal; 55%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/31/2020; joint replacement right artificial knee joint; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; Tienetti; 18; The anticipated number of visits is other than 2.; Three or more visits anticipated; Tiennti; 18; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; PHQ-2; PHQ-2; 2; 2; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 80%; 80%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; range of motion; Range of motion; Dorsiflexion right -2 left -5; plantar flexion 50% 50%; inversion 35% 35%; eversion 15% 27%; N/A; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; Lower extremity functional scale; Lower extremity functional scale; 22 out of 80; 22 out of 80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Hand request: ; TINETTI; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; TINETTI; 50%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; LEFS; 27.5; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 27.5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The hip is being treated.; Moderate objective and functional deficits:</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Pelvis/Hip request; ; LEFS; 18; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 18; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The hip is being treated.; Severe objective and functional deficits:</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12-08-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LOWER EXTRIMITY FUNCTIONAL TEST; 32; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; LEFS; 28; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The hip is being treated.; Severe objective and functional deficits:</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; 61%; 61%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Lower extremity functional scale.; 87.5%; The anticipated number of visits is other than 2.; Lower extremity functional scale.; 87.5%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; ORIF; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Optimal Instrument;</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/19/2021; ORIF of left ankle; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The lower extremity functional scale.; 37/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-23-2021; RIGHT POSTERIOR ANKLE ARTHROTOMY WITH EXCISION OF OS TRIGONUM;;EXCISION OF GANGLION CYST, RIGHT POSTERIOR ANKLE AND FHL TENDON SHEATH; Post-Op; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; LEFS; 22/80; The anticipated number of visits is other than 2.; LEFS; 22/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Head/Neck request;; Enter name of tool here 44; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; 48; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 52 OF 80; The anticipated number of visits is other than 2.; LOWERE EXTREMITY FUNCTIONAL SCALE; 52 OF 80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; tinetti; 24; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti; 24; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; TENNETI; 4; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Berg; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; left; 19; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; n/a; Unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 28; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; lower extremity functional index; 29; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/24/2019; ankle repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; lefs; 32; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 46/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2020; OPEN REDUCTION AND INTERNAL FIXATION OF A LEFT ANKLE LATERAL MALLEOLUS FRACTURE; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 48; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/24/2020; R LATERAL CALCANEAL OSTEOTOMY. FIRST METATARAL DORSIFLEXION OSTEOTOMY, BROSTROM, DEBRIDMENT; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foot and ankle ability measure; 74%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 32; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; Repair, primary, open or percutaneous, ruptured achilles tendon; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; The Lower Extremity Functional Scale aka LEFS; 18%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 46; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/14/2020; ORIF FOR A TRIMALLEOLAR FRACTURE.; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 18/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 46%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; rehabilitation function and pain questionnaire; 42; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; left; 85%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2021; ANKLE OPEN REDUCTION INTERNAL FIXATION; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ; 50/100; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 86%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The Lower Extremity Functional Scale; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 41%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; ankle surgery; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 55% impairment; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 56; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/15/2020; repair of L Achilles tendon rupture; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lefs; 6/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/18/2020; Right ankle surgery; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal instrument; 16.7%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 22; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2020; S/P Lateral Ankle Stabilization; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 52%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ankle; 25; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 28; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 33; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 38; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 46; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 63; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; N/A; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Instrument; 70%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; optimal tools; 50%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; THE LOWER EXTREMITY FUNCTIONAL SCALE AKA LEFS; 25; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 11/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/09/2020; Right gastroc recession; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; LEFS; 27; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 27; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS;Therapist Evaluation; 50%; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 20/80; 20/80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; lower ext; Lower extremity; 28.35; 28.35; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2020; reconstruction of right ankle slash toe; Post-Op; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; FOTO; FOTO; 31; 31; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; Debridement with transfer to FDL, gastroc lengthening; Post-Op; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; Foot and ankle ability measures; Foot and ankle ability measures; 10%; 10%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LEFS; LEFS; 34; 34; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; LOWER EXTREMITY FUNCTIONAL SCALE; 53%; 53%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; FOTO; FOTO; 64%; 64%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2020; ORIF of right ankle; Post-Op; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; FOTO; FOTO; 41%; 41%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LOWER EXTRIMITY FUNCTIONAL TEST; LEFI; 48; 48; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/01/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Enter name of tool here 50; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 09/11/2018; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; Surgery on the digestive system; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/01/2019; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; DIAOCHOKINESIA; abnormal; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical, 01/16/2021, 1. DEBRIDEMENT AND IRRIGATION OF GRADE 1 OPEN RIGHT 5TH METACARPAL FRACTURE OF SKIN, SOFT TISSUE, AND BONE.;2. OPEN REDUCTION AND INTERNALFIXATION WITH TWO 0.045 K-WIRES, RIGHT 5TH METACARPAL FRACTURE.; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/05/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/26/2020; bilateral mycetomy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/10/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/26/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/05/2021; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/01/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/05/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 06/01/2020; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; barthel; 65; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/04/2021; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; ; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/15/2021; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Bruininks-Oseretsky Test of Motor Proficiency-Second Edition (BOT-2) (OT);Beery-Buktencia Developmental Test of Visual-Motor Integration (Beery VMI) 6th Ed;Sensory Processing Measure (SPM); ; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Patient requires human assistance for age appropriate basic activities of daily living; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The member is 1-9 years old.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12-15-2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/15/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; OK; The members functional deficits are moderate; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/29/2020; Left thumb CRPP and right small finger partial amputation; Post-Op; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Optimal; Optimal; 25% functional; 20% functional; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ROM STRENGTH PAIN; ROM, STRENGTH, PAIN; 50% DISABILITY; 50% DISABILITY; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 03/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Questionnaire; Questionnaire; 50%; 50%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 11-25-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11-11-2020; Ray Resection; Post-Op; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Optimal; Optimal; 50; 50; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Hand request; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Optimal Instrument; Optimal Instrument; 50%; 50%; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hip/Pelvic; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Hand request; ; Three or more visits anticipated; GATE ANALYSIS; UNKNOWN; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; UNKNOWN; 50; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; Barthel; 81; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Barthel; 81; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal instrument; 45%; Optimal Instrument; 45%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal; 80; Optimal; 80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; 35/55; QUICKDASH; 35/55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal; 50%; optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Questions about your Wrist request; ; The anticipated number of visits is other than 2.; Optimal instrument; 65%; optimal; 65%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; RANGE OF MOTION; FLEXION 70 DEGREE; EXTENSION +10 DEGREE; PIP FLEXION 78 DEGREE; DIP FLEXION 24 DEGREE; DIP EXTENSION 0 DEGREE; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Fracture was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; The evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; ; Three or more visits anticipated; OWESTRY; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 6; OWESTRY; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/21/2020; aortic valve replacement; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; none listed; not listed; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; not listed; unknown; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/09/2020; laminoplasty w/ graft/plate; Post-Op; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; optimal instrument; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal instrument; 50%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Bartel; 50%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Barthel; 50%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Shoulder request; ; Gait and Balance; 16; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Tinetti; 11; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2021; CABG X 3; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; BARTHAL; 70; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; ; ; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength,	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Barthel; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Diadochokinefia.; 25%; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; Right CTR surgery, Ulnar nerve Right elbow; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Questions about your Elbow request; ; Three or more visits anticipated; Upper extremity quick dash; 34%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Upper extremity quick dash; 34%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength,	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; therapy source; unknown; therapy source; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Occupational Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2020; Decompression; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Range of Motion; Enter score here One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oasis; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part for first pass is Shoulder; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Na; na; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Occupational therapy was selected;	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part for first pass is Shoulder; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; na, caller said not listed; no percentage on eval per caller; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; N/A; Low complexity; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; quickdash; no score documented on notes; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick DASH; 62%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 86/100; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2021; OPEN REDUCTION AND INTERNAL FIXATION OF RIGHT OLECRANON FRACTURE, ULNA, CLOSED; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 69%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dach; 46; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/20/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; 43 of 55; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/02/2020; open reduction and internal fixation of radial head; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick Dash; 25; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; quick dash; 45%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Quick DASH; 65% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; (R) SF PIP contracture release, flexor tenolysis; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal instrument; unknown at this time; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/29/2020; repair of flexor tendon of left middle finger; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; range of motion; wrist was 30, flex 2 to 5, extended 2- 5; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; optimal instrument; not available at this time; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; S/P FLEXOR FDP REPAIR, LACERATION OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 59.3%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; NO SCORE DOCUMENTED IN NOTES; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; ARTHROPLASTY; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICK DASH; 61; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; NO SCORE ENTERED IN EVALUATION NOTES; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01-13-2021; Left thumb CMC joint arthroplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Instrument; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2020; Left Dupuytren's release; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal; 20% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Upper Extremity Quick Dash; 65%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/2021; (L) IF NAILBED REPAIR WITH GRAFT REV. AMP (L) LF ADV. FLAP; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-21-2021; Right Thumb Opponensplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Tool; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/21/2021; Rt. hand trigger thumb; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; UEFS; 46; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 59.3%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick DASH; 35% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; Carpal tunnel; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Dash; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; n/a; n/a; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Quick DASH; 27% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; EXCISION OF LEFT INDEX FINGER MASS; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; QUICKDASH; 38%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; revision of amputation of right middle and ring finger; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2020; edc transferd to alnorhood of ext. mechanism.; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; foto; 27; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; ; 75/100; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; MANUAL THERAPY TECHNIQUES;THERAPEUTIC EXERCISE;WHIRLPOOL;COLD/HOT PACK; N/A; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; not available at this time; not available at this time; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; optimal outcome; not available; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QUICKDASH; 87%; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; QuickDASH; Score not entered in notes; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/27/2021; OPEN REDUCTION INTERNAL FIXATION, PHALANX (LEFT FINGER); Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or More Visits Anticipated	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; Questions about your Lower Leg request.; barthal; Enter name of tool here Enter score here 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; barthel; 35; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; barthel; 35; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; N/A; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2020; R shoulder arthroscopy; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH (DISABILITY ARM/SHOULDER/HAND); 77.4%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; ROTATOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; NO SCORE DOCUMENTED; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2021; SHOULDER ROTATOR CUFF ARTHROSCOPY-with Biceps Tenotomy- Rt - General;Repair- 5.0 double armed mitek anchor, bursectomy and CA ligament release;Surgeon(s) and Role;; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/24/2021; Right proximal humerus fracture, displaced with minimally displaced greater tuberosity component.; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03-03-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-20-2020; ROTTOR CUFF REPAIR; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; QUICKDASH; 20.45; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; 81.25; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; mitral valve replacement, chf; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; barthel; 45; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/12/2021; Left shoulder acromioclavicular joint arthrosis; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 50/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; DASH; 52%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/27/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2020; orif left humerius; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Quick dash; no score in notes; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2020; Left side shoulder arthroscopy; Left side Anterior labral repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEFI; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; quick dash; unknown; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; WRIST DEBRIDMENT.; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; UPPER EXTREMITY QUICK DASH; 86/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Grip Strength; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; QUICKDASH; NOT DOCUMENTED; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Range of Motion; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/11/2021; ORIF RIGHT WRIST; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 95.5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; s/p L wrist dequervain's release; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/24/2021; OPEN REDUCTION AND INTERNAL FIXATION OF RIGHT EXTRA-ARTICULAR DISTAL RADIUS FRACTURE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 82%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; UPPER EXTREMITY FUNCTIONAL SCALE; 81; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; quick dash; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Second Pass check point; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Second Pass check point; Body Part for second pass is Shoulder; 01-18-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01-14-2021; AORTIC VALVE DISSECTION; Post-Op; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; barthel; 35; Neither Pre-Op, Post-Op or Non-Surgical; Second Pass Starting; Requestor is not a fax; barthel; 35; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Occupational Therapy was requested; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Requestor is a fax; Occupational Therapy	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Requestor is a fax; Occupational Therapy; Magellan does not manage chiropractic for the member's plan	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; n/a; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; unknown; unknown; 01/04/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; eval will be done tomorrow; eval will be done tomorrow; 02/10/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; HHSP; 7; 01/25/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 06/25/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 07/31/2020; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 09/14/2020; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/01/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 02/02/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 03/08/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 03/11/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/14/2020; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 11/10/2020; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/09/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/12/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/28/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; Enter the percentile here Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; N/A; 62 over all; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; Other/none of the above	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT 2; 7; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; Other/none of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/14/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/17/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/18/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Oasis questionnaire; 50%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2021; INCISION AND DRAINAGE; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; ; The anticipated number of visits is other than 2. ; ; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Pelvis/Hip request; ; ; The anticipated number of visits is other than 2.; =The hip is beign treated; ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEFS; 41% FUNCTIONAL-IMPAIRED 59%; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY; 42% IMPAIRMENT; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Questions about your Head/Neck request.; Three or more visits anticipated; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 58%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 58%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Head/Neck request;; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; Modified Oswestry; 44; The anticipated number of visits is other than 2.; 44; Modified Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; OSWESTRY; 16%; The anticipated number of visits is other than 2.; 26; ndi; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; pt evaluation; pt evaluation; 50; 50; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy was requested; Physical Therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; GAIT BALANCE; GAIT BALANCE; 15; 15; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Pain Drawing; NA; Non-Surgical; The anticipated number of visits is other than 2.; NA; Pain drawing; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Shoulder request; ; Three or more visits anticipated; LEF; 25; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; None.; none; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Shoulder request; ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; unknown; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; Unknown; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema., Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema., Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 10/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/16/2020; right hip arthro; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; psfs; 80%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 63.0; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 6/10; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 25/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 77; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; NO SCORE ENTERED IN NOTES; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Lysholm Knee Score; 47%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; NA; NA; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Optimal Tool; 0%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; optimal tools; 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; range of motion; unknown; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FODO; 29.0; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here 75%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 18%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Not sure; not sure; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 50%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 56%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 42%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 74%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain; 0; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 10/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 10/27/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; odi; Enter score here Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated, oswestry; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; n/a; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/11/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/12/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; N/A; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated, n/a, n/a; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 49 OF 80; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; NA; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	More Visits Anticipated	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/11/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; n/a; n/a; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MOSWESTRY; 2%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 36 OF 100; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/15/2020; Laparoscopic Cholecystectomy; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknwn; none; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; Enter score here The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Optimal instrument; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here ; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; unknown; unknown; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/16/2020; cervical fusion; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; none; ndi; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; 50/100; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/06/2021; Retrograde Femur IM nail; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; unspec; unspec; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Enter name of tool here Enter score here The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; foto; 48%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 74 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 14%; Disability index; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 48; FOTO; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; Enter score here Enter name of tool here One Body Part selected; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request;; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; Unknown; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; foto; 41; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; pain scale; ; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; N/A; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; Unknown; Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/16/2021; TOTAL SHOULDER; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; TP REP DID NOT HAVE INFORMATION AVAILABLE TP REP DID NOT HAVE INFORMATION AVAILABLE Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; N/A; 50; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/05/2020; LEFT SHOULDER BANKART REPAIR, SUPRASPINATUS REPAIR, SAD, DCE; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UPPER EXTREMITY QUICK DASH; 84 OF 100; MOST RECENT JANUARY 6;30 OF 100; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 12-17-2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; NA; NA; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; DASH; 54.2; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; FOTO; 70; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Optimal Instrument; 25%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Quick Dash; 14%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; range of motion; strength; 60; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; SPADI; 0%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Unknown; Unknown; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; na; na; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; ; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Unknown; Unknown; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 11/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quick dash; 75%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; quick dash; 75%; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; womack; 74; The anticipated number of visits is other than 2.; none; 75; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; The requesting provider is other than Physical Therapy or Occupational Therapy; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 9%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 14; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWTRY; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10-22-2020; lumbar fusion; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; disability; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; aswetry; 51; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ofwestry; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 22%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; subjective pain score out of ten; 100% disability as she reports maximal pain of ten out of ten at times. 6 out of ten pain today; subjective pain score out of ten; 100% disability as she reports maximal pain of ten out of ten; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry disability index; 10%; Modified Oswestry disability index; 10%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Oswestry Disability Index; 26%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; none; none; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; FOTO; 40; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; optimal; not available; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Oswestry; 14; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 37; quidash; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 24%; NDI; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 01/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; Enter score here oasis; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; ORIF LEFT HUMERUS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Functional Scale; 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; 61%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 02/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; ; Therapy type is Rehabilitative; Quick DASH; ; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Oswestry pain scale; 72% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2020; left knee munisectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; foto; 58; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2020; left patella otes procedure; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefs; 0; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	3 2021	Jan-Mar 2021	This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/27/2021; Right ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Unknown; Unknown; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	1 2021	Jan-Mar 2021	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; unknown; 26; The anticipated number of visits is other than 2.; unknown; 25; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of motion, strength, or ability to perform daily

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; unknown; unknown; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 59; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Knee request; ; NA; NA; The anticipated number of visits is other than 2.; Three or more visits anticipated; 61%; 61%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; TENNETI; 4; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	1 2021	Jan-Mar 2021	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/10/2020; ORIF left ankle; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; left; 37; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	More Visits Anticipated	1 2021	Jan-Mar 2021	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; left; 67%; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/17/2020; Achilles reconstruction.; Post-Op; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request.; LEFF; 71%; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request.; lower extremity functional index; 29; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; LOWER EXTRIMITY FUNCTIONAL TEST; LEF; 48; 48; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/06/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; Surgery on the digestive system; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/11/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/30/2020; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03-11-2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03-22-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; NA; NA; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/25/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/20/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/14/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/10/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/24/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/29/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; OK; The members functional deficits are moderate; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; tendon release; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; patient is currently evaluating; evaluation is in process; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Hand; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/24/2020; on finger; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; ; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; shoulder arthroscopy carpal tunnel wrist; Post-Op; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; will fax; Enter score here Post-Op; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Upper extremity quick dash; 40.91; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2, Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow, 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; n/a; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; quick dash; 45%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/08/2020; pen replacement; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; Enter name of tool here Enter score here quick dash; 65; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown if Surgery will occur in the next 30 days	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases; Surgery will occur in the next 30 days	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test., Chronic headache, longer than one month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for cervical spine MRI; This case was created via BBL.; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Plastic Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	SUPEROLATERAL LEFT GLUTTEAL WITH 3X3 CM SUBCUTANEOUS NODULES; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; POSSIBLE COALATION IN LT ANKLE; BONE CYST ON RT ANKLE; This is a request for a bilateral ankle MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Patient has had bilateral ankle pain greater than 10 months, with no improvement after physical therapy and NSAID's. Patient has also completed EMG test.; This is a request for a bilateral ankle MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Patient has cellulitis of the right toe and ankle pain and othsynovitis and tenosynovitis right ankle and foot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a post op.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for a reason other than ankle pain.; The member has a recent injury.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for a reason other than ankle pain.; The study is for post operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aug 2020; There has been treatment or conservative therapy.; pain in both feetfall in aug 2020neuropathy/diabeticdisplace fracture.; Wore a boot Motrin 6 months 4-6 weeks of Physical Therapy (Patient failed); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	right foot pain. Pt continues physical therapy 2 x per week w/ no improvement. Pt states doing home exercises. Pt states the medication last visit decreased her swelling, however, the pain is still present. Pt here today for follow up on x 10 toe nail av; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; FOOT PAIN IN BOTH FEET, SPURS AND NEUORAPATHY	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Patient has had bilateral foot pain greater than 5 years, nothing seem to alleviate the pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	CELLULITIS OF THE RIGHT TOE, AND ANKLE PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aug 2020; There has been treatment or conservative therapy.; pain in both feetfall in aug 2020neuropathy/diabeticdisplace fracture.; Wore a boot Motrin 6 months 4-6 weeks of Physical Therapy (Patient failed); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	TREATMENT AND SURGICAL PLANNING; This study is being ordered for Inflammatory/ Infectious Disease.; 1/25/2021; There has been treatment or conservative therapy.; PERONEAL TENINITIS; BRACING, NSAIDS, WALKING BOOT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	WHEN PATIENT WAS SEEN AT THE ER, WAS TOLD SHE HAD A SOFT TISSUE INJURY. AFTER WEEKS OF A SURGICAL BOOT AND CRUTCHES, PATIENT STILL IS HAVING PAIN.; This study is being ordered for trauma or injury.; 3 WEEKS AGO; There has been treatment or conservative therapy.; PAIN IN LEFT FOOT.; CRUTCHES AND SURGICAL BOOT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Preventive Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Psychiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Psychiatry	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Psychiatry	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; SHORTNESS OF BREATH, PNEUMONIA; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient does NOT have known or a suspicion of cancer or metastatic disease.; There is a known abscess or suspicious infection.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material			1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; Pt has liver lesions of the abdomen and granulomas; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	6month follow up CT of chest for 7MM lung nodule. Patient reports continued dyspnea and cough.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	21 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	ASTHMA, COUGHING, SHORTNESS OF BREATH.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Check lungs for pulmonary emphysema, unspecified; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT done 1/2020 showed 2.8 cm soft tissue nodule in the right upper lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	currently smoking, Difficulty breathing; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >Solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	F/U from abnormal previous CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Hemoptysis; BLOOD IN HIS COUGH; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>History of double Pneumonia in July and 2 pulmonary nodules on last Ct scan. She complains of dyspnea and productive cough with yellow sputum. She has history of smoking and continues to smoke.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>Impression: 1. Bilateral bronchiectasis, particularly within the lower lobes. 2. Focal subsegmental consolidation within the central and anterior basal segment of the left lower lobe, can be infectious or inflammatory. 3. Broncholiths within the left lobe; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Irregular lobulated bandlike opacity in the posterior segment right upper;lobe extends from the right hilum to the right posterior pleural surface near;the apex. The opacity measures up to 7.7 cm in length and up to 1.7 cm in thickness. Malignancy cann; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	life long non smoker with new onset of dyspnea and cough, has lupus; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule noted on previous imaging; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Mild obstructive ventilatory defect with severe diffusion impairment. No significant bronchodilator response. Flow volume loop suggests obstruction. Will order CT chest to look for PE. Would order echocardiogram with pulmonary pressures.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	multiple pulmonary nodule's...with dyspnea; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	MULTIPLE PULMONARY NODULES, ENLARGED LUMP NODES; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Multiple Pulmonary Nodules; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	no; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>non-productive cough that is worse at night and causes shortness of breath due to the extent of the coughing that has been going on for at least 6 months. She states she has occasional wheezing and night sweats; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>on going SOB/ DOE on mild to moderate exertion.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	OV 1/25/21 SOB COULD BE RELATED TO ASTHMA SYMPTOMS ARE PROCEEDING WITH HX OF COVID 19. PT ON BREO 200 DAILY POSSIBLE ILD.; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient had a abnormal chest ct 6 months ago. follow up for last test; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a CT on 12-9-2020 that showed 3 non calcified nodules in the basal segment. The largest measuring 7x5mm.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule and hemoptysis; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has histoplasmosis and pulmonary nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has mediastinal adenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has multiple pulmonary nodules; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pet scan on 12/2020 showed 12mm left upper lobe nodule repeat ct 3 months; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Physical Exam Findings: 0.4 cm noncalcified nodule with emphysematous changes on CT imaging ;Preliminary Procedures Already Completed: CT chest/abd/pelvis, CT chest w/Scoped Procedures / Referrals: Pulmonology ;Medications: Advair, amlodpine, baclofen; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pleural Effusion, Hemoptysis, Dyspea, personal history of tobacco use; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Previous known pulmonary nodule that was 6 mm; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	progressive pulmonary infiltrates in immunosuppressed pt, Reason for Study ;(REQUIRED):; evaluate infiltrates.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt has a lung nodule. This is a followup CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has Bronchiectasis with recurrent Biloculated Hydro-pneumothorax. this is a continuation followup of stability.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has pulmonary nodule/1 cm/last ct of the chest was two years ago/pt is a smoker/; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	R/O:SARCOIDOSIS;EVALUATE LUNGS BASED ON SKIN LESION; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	referred to pulmonary clinic for COPD. She had PFTs that showed Fev1 of 64%, with positive bronchodilator response. Most recent CXR showed chronic emphysematous changes but no other significant abnormalities Former smoker of 2 PPD x 40 years. Quit in 2019; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	RLL NODULE FOUND ON CHEST XRAY WITH BIAPICAL RETICULONODULAR INFILTRATE THAT COULD NOTE TO BE OCCUPATIONAL LUNG DISEASE, SARCOIDOSIS. NEEDING FURTHER EVALUATED WITH CT CHEST.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Screening for lung cancer; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	SHE complains of dyspnea ambulating from the parking lot, occasional dry cough, denies wheezing, fever, hemoptysis, unexplained weight loss, or pleuritic pains.;Pulmonary function testing on 8/5/2020 revealed normal spirometry without significant broncho; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	She had CT chest performed on 10/2020. She had a previous CT chest performed in 2019 that showed bilateral lower lobe nodules. These were relatively unchanged from previous imaging. My plan is to repeat CT chest around 4/2021. I suspect that these lung no; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>Solitary pulmonary nodule (R91.1);Duration of Symptoms: 2019;Physical Exam Findings: "1.2 x 1.0 cm soft tissue nodular lesion in the medial left lower lobe..." per radiology report on;12/9/2019;Preliminary Procedures Already Completed: CT chest w/o: 1; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>The patient has bilateral multiple noncalcified fully solid lung nodules with clear-cut margins which are smooth with the largest nodule measuring 7 mm in the RUL. The patient is a non-smoker and has no respiratory symptoms attributable to the nodule/s. ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is a lung nodule left mid lung measuring 9 to 10 mm;Recommended to do CT to Evaluate; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	13 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a former smoker who quit smoking in 2019 after accumulating 30 pack years who presents for evaluation of COPD. He has chronic shortness of breath with cough and sputum which is nonpurulent at this time. The symptoms began gradually several years; A Chest/Thorax CT is being ordered; This study is being ordered for screening of lung cancer; The patient is between 55 and 77 years old; This patient is a smoker or has a history of smoking; The patient has a 20 pack per year history of smoking; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; F/U CT R)LOWER LOBE PULM. NODULE 9mm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; FOLLOW UP ON LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; follow up pulmonary screening ct;;There is a new 6.1 mm noncalcified nodule in the posterior aspect of the right upper lobe. There is an adjacent new 3.3 mm noncalcified nodule. ;;1. Lung RADS category three, a follow-up chest CT should be performed ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; HX BREAST CA;PULMONARY NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Solitary pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; this is a followup for a pulmonary cavitory lesion; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Will upload with clinical documents; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is 78 years old or older.; Yes this is a request for a Diagnostic CT ; You are required to insert a reason here>FAX INFO; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Screening for lung ca.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Screening for Lung Cancer; Reason: else (system matched response); Reason: Screening for Lung Cancer (system matched response); Reason: Screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Screening for Lung Cancer; Reason: else (system matched response); Reason: Screening for Lung Cancer (system matched response); This is a request for screening for lung cancer.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; solitary pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; cough, shortness of breath, asthma; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; Interstitial lung disease ;possible hypersensitiviy pneumonitis; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; COPD, shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; It is unknown if there is a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Disorders of the Lung, Dyspnea; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; It is unknown if there is a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; F/U CT CHEST SURVEILLANCE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; He has pulmonary fibrosis; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Interstitial lung disease; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; personal history of covid sob; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; pt has a lung mass; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; pt has COPD; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; pulmonary hypertension dytemia on exertion; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; It is unknown if there is a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Abnormal Findings; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; bronchiectasis; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; chronic dyspnea; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Copd with adnormal diffusion; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Evaluate lung nodule.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; follow up for lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Follow-up interstitial disease; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Pt follow up for prior test; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Pt has solitary nodule on the lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; You are required to insert a reason here Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; 1. Enlarged noncalcified right upper and lower lobe nodules measure 15 mm and 7;mm, respectively. The former may be large enough for characterization by PET/CT;but the latter is not. Surveillance chest CT is recommended in 3-6 months if;PET/CT is not p; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; 7 mm left upper lobe density density, for which chest CT is recommended.This xray was done 07/20/2020. no ct has been done yet. Coughing, wheezing, positive for bronchitis. sob; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; abnormal chest xray; Reason: Abnormal imaging (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; CHRONIC BRONCHITIS; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; COPD; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is a known or suspicion of blood vessel (vascular) disease.; Agree; This request is for Not listed above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; diaphragm paralysis rule out tumor; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; f/u of lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Follow up for Pulmonary Nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Hemoptysis with Hx of ABnormal CT C; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Coughing up blood (hemoptysis); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Left lower lobe bronchus obstruction; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);. Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);. This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Multiple lung nodules; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound);. This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);. This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Multiple lung nodules; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE);. This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Multiple pulmonary nodules; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Panlobular emphysema; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient has a lung mass that Dr. Martin is wanting to re-evaluate.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; patient has a lung nodule and is needing a 3 month followup; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; patient has a lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; patient has mediastinal lymphadenopathy; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Patient has multiple pulmonary nodules which is requiring follow up.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pt has a known nodule found on CXR and has become more symptomatic. Need to workup the nodule.; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pt has a pulmonary nodule and this is a followup; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pt has chronic interstitial lung disease with worsening symptoms; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pt has pneumonia; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pulmonary fibrosis; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; recurrent pulmonary infiltrates and patient complaint of chest hurting; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Sarcoidosis; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; She has a history of multiple lung nodules, but this has been followed for over 2 years and no further follow up of these nodules is recommended; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; SHORTNESS OF BREATH; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; shortness of breath;covid pneumonia; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Solitary pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; solitary pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Squamous cell carcinoma of the left main bronchus. Patient is still smoking and has a new pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; This is a followup up for an abnormal CT; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; to evaluate interstitial lung disease; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; This case was created via RadMD.; Unresolved cough; Reason: else (system matched response); Reason: else (system matched response); Reason: Unresolved cough (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT; This case was created via BBI.; FAX INFO; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Patient had an abnormal finding on lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound).; This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Abnormal imaging; Reason: Abnormal imaging (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Nodule follow up at 3 months; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pleural Effusion and dyspnea; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Shortness of Breath and dyspnea; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Shortness of Breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	; This request is for a Low Dose CT for Lung Cancer Screening.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	caller requested to bypass clinicals; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown if No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	21 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	14 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Unknown; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient with longstanding shortness of breath which gets worse on standing and on posture. Suspected pulmonary arteriovenous malformation. Shortness of breath also has features suggestive of tracheobronchomalacia.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; Pt has liver lesions of the abdomen and granulomas; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pt has a AAA; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Tight chest AND SOB,MILD Chronic obstructive pulmonary disease-HAS HAD A PULM.WORKUP.CURRENT EVERYDAY SMOKER, NO PREV. HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer; This study is being requested for Lung Cancer; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mild obstructive ventilatory defect with severe diffusion impairment. No significant bronchodilator response. Flow volume loop suggests obstruction. Will order CT chest to look for PE. Would order echocardiogram with pulmonary pressures.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1/29/2021; There has not been any treatment or conservative therapy.; left side chest and shoulder painright lower flank painincrease SOB coughnausea but no vomitingno fever/o kidney stones and pectoral mass or abscess; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/01/2021 date of onset Acute Respiratory failure.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	At her last visit I was concerned that her mediastinal mass needed follow-up and ordered a repeat CT to be done in November of last year but it looks like she never did that. I added Spiriva Respimat and also she qualified for supplemental oxygen. I sent; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CHECKING LUNGS AND CHEST.. ON GOIN COUGH; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	f/u ct for calcified granulosis in the mid/lower lung.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	faxing records; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow-up studies on lung nodule; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2019; It is not known if there has been any treatment or conservative therapy.; lung nodule; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	FROM CT report on 9/8/20;Patient has multiple bilateral small noncalcified densities, the largest of which is 4.5 mm in the right upper lung. These all have the appearance of granulomatous and/or scarring changes. There is an area of dystrophic calcifi; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Hemoptysis; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	lung disease, dyspnea on exertion; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Smith is a 40 year old female here today to establish care. She has a PMH of HTN. She presents to the clinic today with complaints of a non-productive cough that is worse at night and causes shortness of breath due to the extent of the coughing that h; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>odule in left lower lobe; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>patient has multiple pulmonary nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient has worsening shortness of breath and a worsening productive cough with yellow sputum. He has a long history of smoking and currently still smokes. He has a history of asthma and COPD.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>PFT is history of extraparenchymal restrictive lung disorder ;Shortness of breath could be on the basis of obstructive airway disease.; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has 86 pack per year history of year of smoking and is at high risk of lung cancer.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has a carcinoid tumor of left lunh.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been struggling with extreme SOB. Nebulizer helps when using it but he goes into a panic a lot and gets SOB. Discuss getting portable nebulizer. reports a lot of chest tightness. Has cut down to 2 cig per day.Chronic obstructive lung disease WITH C; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has COPD with shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	sarcoidosis, prior testing and biopsy info will be added; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	see chart note; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	sleep evaluation. Pt is at high risk for sleep apnea based on his symptoms of snoring, apnea events, morning headaches. His neck circumference is 18 inches and his Mallampati class is 4; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SOB no medications working; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SOB, no treatments have worked so far; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Stable lingular nodule, most likely benign. Considering the history;of tonsillar cancer, continued surveillance should be performed per;oncology recommendations;.2. No new pulmonary nodules or other adverse changes.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Low Dose CT Chest G0297; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; pt is needing a followup around 04/12/21. She has COPD and her last CT showed plural thickening; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; this is a followup for a lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Dyspnea and Nicotine Dependence; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; it is unknown if there is a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Dyspnea, chronic ;follow up of covid pnueumonia; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); ; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in R side of upper back that is moving to her R arm and now to her right breast.; 12/17/2020; There has been treatment or conservative therapy.; right side upper back to arm - excruciating pain; unknown; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in R side of upper back that is moving to her R arm and now to her right breast.; 12/17/2020; There has been treatment or conservative therapy.; right side upper back to arm - excruciating pain; unknown; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	1/29/2021; There has not been any treatment or conservative therapy ; left side chest and shoulder painright lower flank painincrease SOB coughnausea but no vomitingno feverr/o kidney stones and pectoral mass or abscess; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); rule out tumor; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	sarcoidosis, prior testing and biopsy info will be added; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	follow-up studies on lung nodule; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2019; It is not known if there has been any treatment or conservative therapy.; lung nodule; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This study is being ordered for another reason; The reason for ordering this study is unknown.; This is an initial evaluation of suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	extensive osseous metastatic disease, with suspicion for progression in the upper mediastinum. I do believe the treated lesion has responded well, but there is also concern for a suspicious lesion near the caudate and right internal capsule that would be; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MRI for Radiation Treatment Planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Restaging post stereotactic radiosurgery; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There is a question of a couple of faint areas of enhancement abnormality;in left frontal lobe. These are poorly defined and indeterminate. Recommend MRI as the;possibility of metastatic etiology cannot be entirely excluded.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	17 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	1.1 cm pulmonary nodule seen on CT Thoracic Spine. No Chest CT has been performed., "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; SURVEILLANCE FOR KNOWN LUNG CANCER; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Malignant neoplasm of upper lobe; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Restaging study of thymus cancer; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; 11 mm noncalcified pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Follow up on Pulmonary Nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; POST RADIATION CHECK; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pulmonary nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Abnormal finding on examination of the chest, chest wall and or lungs (suspicious mass)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Agreed; Continued; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	MRI for in treatment position to be performed after simulation; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Neoplasm: cervix ;radiation treatment planning for brachytherapy; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PATIENT HAS BONE METS WITH INCREASING PELVIC PAIN.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pt had fiducial markers and SpaceOARS placed on 3/11/21. An MRI of the pelvis without contrast is required because Dr. Wang will need to see exactly where the SpaceOAR was placed so he can plan the patients radiation treatments he will be receiving for hi; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Treatment response after 22 fractions of planned 25; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	MRI for Radiation Treatment Planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	: Unilateral Left mammogram /Ultrasound 1/28/2020: Probably benign 0.5 cm mass 9:00 axis left breast, 4 cm from nipple. Recommend 6 month follow-up evaluation to ensure stability. Posttreatment changes present in the left breast without any suspicious; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
					Radiology Services Denied Not Medically Necessary		

1/1/2021 - 3/31/2021	1/1/2021	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		post op follow up for anterior circulation TIA; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA<gt;10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; Reason: ELSE (system matched response); Abdominal abscess/infection suspected; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; standard assessment; none; 02/08/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/04/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; UEFI; 50; The anticipated number of visits is other than 2.; UEFI; 48/80; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; photo; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; none used for the neck; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 80%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; FOTO; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Thoracic Spine/Chest; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Oswestry; 24; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request.; Three or more visits anticipated; unknown; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Foto; 64; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 33; photo; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Berg; 37; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; upper extremity functional questionnaire; 40; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; unknown; 21 out of 45; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2021; ORIS; Post-Op; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Lower Leg request; ; unknown; unknown; The anticipated number of visits is other than 2.; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/25/2019; unknown; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; Occupational Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Therapeutic exercise; Training therapeutic exercise; 50; 50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; barthel; 45; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rehabilitations	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (Includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; LEFS; 80%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Lower extremity over reactive to stimulus best describes the abnormality as documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72192 Computed tomography, pelvis; without contrast material	low back pain with sciatica; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.".; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.; The surgery being considered is NOT a hip replacement surgery.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Attn SI Joints; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	patient with severe hip and lower back pain with abnormal xrays; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	see clinical; This study is being ordered for Inflammatory/ Infectious Disease.; 2 years; There has been treatment or conservative therapy.; pain in wrist and hand; medication therapy and bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical for M06.09 (ICD-10-CM) - Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han; There has been treatment or conservative therapy.; uploading clinical for M06.09 (ICD-10-CM) - Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han; uploading clinical for M06.09 (ICD-10-CM) - Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	see clinical; This study is being ordered for Inflammatory/ Infectious Disease.; 2 years; There has been treatment or conservative therapy.; pain in wrist and hand; medication therapy and bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is Rheumatology.; This procedure is being ordered for Pulmonary Arterial Hypertension, secondary; This study is being ordered for none of the above or don't know.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
					Radiology Services Denied Not Medically Necessary		

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Solitary pulmonary nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection., The study is being ordered for arthritis.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	FIBROMYALGIA POSITIVE, POSITIVE RHEUMATOID FACTOR IN THE PAST; This study is being ordered for a neurological disorder.; OVER A YEAR AGO; There has been treatment or conservative therapy.; PAIN AND SWELLING IN BOTH HANDS AND WRISTS; PRESCRIPTION MEDS,DIETARY MANAGEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; PAIN; There has been treatment or conservative therapy.; PAIN; NOTES ATTACHED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.841 (ICD-10-CM) - Other synovitis and tenosynovitis, right hand; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	FIBROMYALGIA POSITIVE, POSITIVE RHEUMATOID FACTOR IN THE PAST; This study is being ordered for a neurological disorder.; OVER A YEAR AGO; There has been treatment or conservative therapy.; PAIN AND SWELLING IN BOTH HANDS AND WRISTS; PRESCRIPTION MEDS,DIETARY MANAGEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; PAIN; There has been treatment or conservative therapy.; PAIN; NOTES ATTACHED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical for M06.09 (ICD-10-CM) - Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han; There has been treatment or conservative therapy.; uploading clinical for M06.09 (ICD-10-CM) - Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han; uploading clinical for M06.09 (ICD-10-CM) - Rheumatoid arthritis of multiple sites without rheumatoid factor (HCC) ;M65.131 (ICD-10-CM) - Infectious tenosynovitis of wrist extensor, right ;M65.141 (ICD-10-CM) - Other infective (teno)synovitis, right han;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; M65.131 (ICD-10-CM) - Other infective (teno)synovitis, right wrist ;M65.841 (ICD-10-CM) - Other synovitis and tenosynovitis, right hand; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with peritonitis.; A white blood cell count was completed.; The white blood cell count was high.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI; This case was created via BBI; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Pain with facet loading and thoracic spine.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Localized swelling, mass and lump, neck; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; surgeon needs for pre op; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Localized enlarged lymph nodes; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	02-15-21; There has not been any treatment or conservative therapy.; TROUBLE SWALLOWING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	09/27/2016; There has been treatment or conservative therapy.; masses increasing in size; She underwent neoadjuvant chemotherapy and subsequent partial mastectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	12/4/2020; There has not been any treatment or conservative therapy.; n/a; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	follow up for an inhaled oblect; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Onset was months ago; There has been treatment or conservative therapy.; Epigastric pain, heartburn, regurgitation, bloating, belching, excessive salivation, weight loss, the feeling of food getting stuck; Patient has tried H-2 blocker and proton-pump inhibitor with no improvement. She also tries to sleep in a seated position to help with the discomfort. ;Esophagram and Upper GI performed, showing a very dilated esophagus with a very large hiatal hernia.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	patient had gunshot wound to the chest. CT chest needed as follow up status post pulmonary injury to secondary to gunshot wound.; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	staging of cancer needed; It is unknown if surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT ; HISTORY OF LUNG CANCER; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Neoplasm: colorectal ;Colon cancer staging; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; NODULE OF NECK; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; faxing clinicals; There has been treatment or conservative therapy.; faxing clinicals; faxing clinicals; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; faxing clinicals; There has been treatment or conservative therapy.; faxing clinicals; faxing clinicals; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	he has undergone no significant upper GI work-up for abdominal pain. ;Also of note, a lower GI diagnostic work-up not done at this time. ;;Patient also states urinary issues including retention, consistency of urine flow, burning with urinating, tes; 09/01/2020 The patient has described the pain as severe and sharp. The pain occurs intermittently and is worsening. The location of the pain is in the lower abdomen for the past months.; It is not known if there has been any treatment or conservative therapy.; The patient is a 44 year old Caucasian/White male, who presents on referral by Doreen Kamoga MD, for evaluation of abdominal pain. The work-up at this point includes no laboratory or radiographic studies. ;The patient has described the pain as severe and; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBL.; This case was created via BBL.; Imaging is NOT being requested for low back pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No IThe patient is a 74 year old Caucasian/White male, who presents on referral from Charles Pearrow DO, for a surgical evaluation of possible left inguinal hernia but pt is also experiencing stomach pain with dia; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	has bilateral inguinal pains, right greater than left and nausea/vomiting. HX OF POLYCYSTIC OVARIES. Mild lower quadrant tenderness right greater than left. previous bilateral laparoscopic inguinal hernia repair had been doing some strenuous activity and ; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; It is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Mr. Bennett is a 31 year old man who presents for follow up status post robot assisted laparoscopic left inguinal hernia repair on 10/08/20, recovering well. He continues to have edema to left scrotum that is unchanged since last visit. Patient denies pai; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for pelvic trauma or injury.; This is NOT an evaluation of the pelvic girdle, sacrum or the tail bone (coccyx).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Fracture of wrist; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer ; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); 38 yo female returns for routine serial imaging follow up for a left adrenal adenoma. The left adrenal adenoma measures 2.7cm (previously measured 2.6cm) and appears to be benign. The patient has not experienced severe hypertension issues and is not curre; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Adrenal mass; This case was created via RadMD.; There has been an abnormal finding on physical exam.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02-15-21; There has not been any treatment or conservative therapy.; TROUBLE SWALLOWING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/27/2016; There has been treatment or conservative therapy.; masses increasing in size; She underwent neoadjuvant chemotherapy and subsequent partial mastectomy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/4/2020; There has not been any treatment or conservative therapy.; n/a; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Onset was months ago; There has been treatment or conservative therapy.; Epigastric pain, heartburn, regurgitation, bloating, belching, excessive salivation, weight loss, the feeling of food getting stuck; Patient has tried H-2 blocker and proton-pump inhibitor with no improvement. She also tries to sleep in a seated position to help with the discomfort. ;Esophagram and Upper GI performed, showing a very dilated esophagus with a very large hiatal hernia.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; It is not known if there is laboratory or physical evidence of an intra-abdominal bleed.; It is not known if there is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABDOMINOPELVIC PAIN; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hernia extreme pain; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); history of uclers; It is unknown if there has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); incarcerated abdominal hernia; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); left side abdominal tender and pain; There has been an abnormal finding on physical exam.; It is unknown if the patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; It is unknown if there is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); LUQ abdominal pain; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Nausea and vomiting, history of gastric bypass surgery; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient continues to have bowel function. It is fairly frequent, which she thinks may have improved somewhat. However, she is having significant left lower quadrant pain such as she had prior to surgery. She could be having recurrent diverticulitis from s; It is unknown if there has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); post op hernia repair; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abdominopelvic abscess; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Colon Polyps; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hernia evaluation; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; Agreed; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); I need to compare studies and compare tumor size. Also looking for more growth; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); non healing wound; This case was created via BBI.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); severe anemia; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is known or suspicion of Vascular disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); small portal clot; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Ventral hernia; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; Agreed; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); VENTRAL INCISIONAL HERNIA; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; Agreed; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Pre-op or post op evaluation (system matched response); Pre-op or post op evaluation; This case was created via BBI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Suspicious Mass, Known or Suspected Tumor or Metastasis (system matched response); ABNORMAL WEIGHT LOSS; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with appendicitis.; A white blood cell count was completed.; The white blood cell count was high.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	diagnose breast cancer, finishing up chemo to eval for treatment prior to surgery; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Exam is being requested to evaluate and determine plan of care.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not known if the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	For bilateral breast mass and pain with negative imaging and change on msbe over past 3 months with new right breast pain and "thickening"; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Genetic mutation; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	heterogeneously dense breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Initial staging of Intraductal carcinoma in situ of breast (disorder) (Date of Dx:03/02/2021);Mammography abnormal (finding); This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Invasive ductal breast cancer; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Left nipple discharged.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has a lifetime risk of 27% for having breast cancer. She had excisional bx in 2014 with results of Fibroadenoma, then Cyst Aspiration in 2015 to drain abscess. Has family history of Breast Cancer in two Paternal Aunts diagnosed at 46 & 56, then hi; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has breast cancer.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/05/2020; Traumatic amputation of left foot.; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; Unknown; 21%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	k85.90 acute pancreatic; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	RUQ pain and bloating, as well as nausea. US GB done-thickened gallbladder wall, could not r/o stones. nothing makes it worse or better. epigastric tenderness and RUQ tenderness.She cannot always associated with this meals.ultrasound was obtained demonstr; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Wofford is a 57 year old man referred for evaluation of soft tissue mass of left axilla. Patient first noticed mass to left axilla approximately three months ago while showering. He reports the mass has increased in size over the past month and is ass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ON 12/24/2020 PT STATED HE HAD HAD THIS FOR SEVERAL MONTHS; It is not known if there has been any treatment or conservative therapy.; Mr. Wofford is a 57 year old man referred for evaluation of soft tissue mass of left axilla. Patient first noticed mass to left axilla approximately three months ago while showering. He reports the mass has increased in size over the past month and is ass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest wall deformity; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Wofford is a 57 year old man referred for evaluation of soft tissue mass of left axilla. Patient first noticed mass to left axilla approximately three months ago while showering. He reports the mass has increased in size over the past month and is ass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ON 12/24/2020 PT STATED HE HAD HAD THIS FOR SEVERAL MONTHS; It is not known if there has been any treatment or conservative therapy.; Mr. Wofford is a 57 year old man referred for evaluation of soft tissue mass of left axilla. Patient first noticed mass to left axilla approximately three months ago while showering. He reports the mass has increased in size over the past month and is ass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	To figure out why he is having trouble breathing and shortness of breath.; This study is being ordered for trauma or injury.; 01-23-2021 presented in the emergency room with GSW to chest; There has been treatment or conservative therapy.; Gun Shot Wound;Loss of Blood;Hemothorax;Shortness of Breath; A chest tube was placed in the left pleural space and 1500 cc of blood was removed from the left pleural space at about the time of the chest tube placement. The chest tube was kept in place until it became dislodged on 1/28, at which time the chest tube ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2020; There has been treatment or conservative therapy.; IRREGULAR BOWEL HABITS; MEDICATION, COLONOSCOPY WAS PERFORMED 11/09/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Newly diagnosed in January 2021 and cardiologist is wanting a follow up.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	none; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Wofford is a 57 year old man referred for evaluation of soft tissue mass of left axilla. Patient first noticed mass to left axilla approximately three months ago while showering. He reports the mass has increased in size over the past month and is ass; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	see faxed records; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; Back and neck pain; Pain that radiates down to left foot. ; numbness in both arms; dropping things and falling; Medication, pain stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. thoracic back pain with radiculopathy; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is needing study done for proper documentation to continue with pain management.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; COUPLE OF YEARS AGO; There has been treatment or conservative therapy.; Chronic lumbar back pain; Left ankle pain; PATIENT HAS BEEN ON PAIN MANAGEMENT FOR A FEW YEARS AND CONTINUE TO HAVE PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	see faxed records; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; Back and neck pain; Pain that radiates down to left foot. ; numbness in both arms; dropping things and falling; Medication, pain stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having worsening neck and upper back pain. Needs an MRI. Add Diclofenac.; Patient injured her back about 7 years ago while at work after lifting something. She has been on Pain Management for about 6 years.; There has been treatment or conservative therapy.; Chronic back pain; thoracic, lumbar; chronic cervical spine pain; chronic bilateral hip pain; DDD.; Patient was receiving Trigger Point injections in her neck with good results. Medication allows good control of symptoms and allows her to perform ADLs.; Patient has been on pain management for about 6 years.; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	he has undergone no significant upper GI work-up for abdominal pain. ;Also of note, a lower GI diagnostic work-up not done at this time. ;;Patient also states urinary issues including retention, consistency of urine flow, burning with urinating, tes; 09/01/2020 The patient has described the pain as severe and sharp. The pain occurs intermittently and is worsening. The location of the pain is in the lower abdomen for the past months.; It is not known if there has been any treatment or conservative therapy.; The patient is a 44 year old Caucasian/White male, who presents on referral by Doreen Kamoga MD, for evaluation of abdominal pain. The work-up at this point includes no laboratory or radiographic studies. ;The patient has described the pain as severe and; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having worsening neck and upper back pain. Needs an MRI. Add Diclofenac.; Patient injured her back about 7 years ago while at work after lifting something. She has been on Pain Management for about 6 years.; There has been treatment or conservative therapy.; Chronic back pain; thoracic, lumbar;chronic cervical spine pain;chronic bilateral hip pain;DDD.; Patient was receiving Trigger Point injections in her neck with good results. Medication allows good control of symptoms and allows her to perform ADLs.;Patient has been on pain management for about 6 years.; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Unable to completely bear weight	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Right groin bulge, moderate pain, history of inguinal hernia repair, significant right inguinal lymphadenopathy; It is not known if there is a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	previous MRI on neck possible neurological issue; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/06/2019; There has been treatment or conservative therapy.; shoulder pain; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is needing study done for proper documentation to continue with pain management; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; COUPLE OF YEARS AGO; There has been treatment or conservative therapy; Chronic lumbar back pain;Left ankle pain; PATIENT HAS BEEN ON PAIN MANAGEMENT FOR A FEW YEARS AND CONTINUE TO HAVE PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2020; There has been treatment or conservative therapy.; IRREGULAR BOWEL HABITS; MEDICATION, COLONOSCOPY WAS PERFORMED 11/09/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal mass; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); INGUINAL AND FEMORAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	PT HAS COMPLAINTS OF MASTODYNIA. SHE HAS SIGNIFICANTLY DENSE BREAST TISSUE THAT COMPLICATES HER EXAM AND IMAGING; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Melanoma, lung met screen ;malignant melanoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	SPICULATED MASS, LEFT UPPER LOBE, 2.3CM;;HYPERDENSE LESION IN THE MEDIAL SEGMENT OF THE LEFT LOBE OF LIVER MEASURING 8MM; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; 7/14/2020 right upper and right middle bilobectomy; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung cancer surveillance; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; s/p adenocarcinoma of lung resection; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Surgical Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Surgical Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has been completed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Dyspnea on exertion ;cardiotoxic medications	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Melanoma, lung met screen ;malignant melanoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	7/25/2018; There has not been any treatment or conservative therapy.; aneurysm; The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Smith is a 50 year old male seen in consultation at the request of Crystal Adams, APRN for an ascending aortic aneurysm.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	paraspinal mass; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	S/P AORTIC VALVE REPLACEMENT; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; It is unknown if there is a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ascending aortic aneurysm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Chest pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung mass follow up; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Monitoring of thoracic aorta aneurysm without rupture.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient has an aortic aneryiam; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Thoracic Surgery	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	YEARLY FOLLOW UP; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy?; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/25/2018; There has not been any treatment or conservative therapy.; aneurysm; The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., The member is 11 or older.; The ordering provider's specialty is Thoracic Surgery; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram., This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/17/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	CLL: CT SCANS FOR BULKY LYMPH NODES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Malignant neoplasm of right ovary; Reason: else (system matched response); The size of the mass has NOT increased in the last 30 days.; There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Non-Hodgkin lymphoma, unspecified; Reason: else (system matched response); The size of the mass increased in the last 30 days.; Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; SCCa; Reason: else (system matched response); There has NOT been a recent injury or trauma to the neck.; The patient has known or a suspicion of cancer or metastatic disease.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; Frequent falls, syncope,Memory loss,Mild dementia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1. Carotid Artery Stenosis;60 year old female with history of left ICA occlusion resulting in right brain stroke 6 years ago. Right ICA was measured as mild stenosis, less than 50%. She has been maintained on Plavix therapy. She has seen Dr. South for ; This study is being ordered for Vascular Disease., 02/2015; There has been treatment or conservative therapy.; This 60 year old female presents for Carotid Stenosis.;60 year old female here for new patient evaluation of carotid stenosis. In 2014, she had a stroke and was found to have a left ICA occlusion which was the culprit of her stroke. She was placed on P; testing, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. ; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Per results of MRI done 9/8/20; This study is being ordered for a neurological disorder.; 10/2020; It is not known if there has been any treatment or conservative therapy.; Mild Mass effect on brainstem discovered on MRI. Narrowing of the craniocervical junction measuring up to 12mm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	see chart notes; This study is being ordered for a neurological disorder.; 12/24/2020; It is not known if there has been any treatment or conservative therapy.; numbness and weakness in her r/ arm and r leg, difficulty speaking and forming words; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	She finally presented to UAMS and CTA was obtained revealing of L 4mm pcomm aneurysm and a R 4mm MCA bifurcation aneurysm.; This study is being ordered for a neurological disorder.; 01/07/2021; There has been treatment or conservative therapy.; headache,migraines;ptosis of l eye; Surgery;Craniotomy for aneurysm repair;;levetiracetam;methocarbamol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	William Peaks is a 46 y.o. male with history of hypertension, depression, hyperlipidemia, polysubstance abuse was diagnosed with posterior circulation strokes that affected bilateral occipital cortex, right posterior temporal lobe, right more than left ce; This study is being ordered for a neurological disorder.; November 2020; There has not been any treatment or conservative therapy.; reports sudden onset of visual deficits in 11/20, ;MRI scan of the brain done in the hospital was reported as positive for large subacute infarction of the right occipital and posterior temporal lobe, posterior left temporal lobe, right cerebellum and ri; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; Frequent falls, syncope,Memory loss,Mild dementia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1. Carotid Artery Stenosis;60 year old female with history of left ICA occlusion resulting in right brain stroke 6 years ago. Right ICA was measured as mild stenosis, less than 50%. She has been maintained on Plavix therapy. She has seen Dr. South for ; This study is being ordered for Vascular Disease.; 02/2015; There has been treatment or conservative therapy.; This 60 year old female presents for Carotid Stenosis.;60 year old female here for new patient evaluation of carotid stenosis. In 2014, she had a stroke and was found to have a left ICA occlusion which was the culprit of her stroke. She was placed on P; testing, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Per results of MRI done 9/8/20; This study is being ordered for a neurological disorder.; 10/2020; It is not known if there has been any treatment or conservative therapy.; Mild Mass effect on brainstem discovered on MRI. Narrowing of the craniocervical junction measuring up to 12mm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	see chart notes; This study is being ordered for a neurological disorder.; 12/24/2020; It is not known if there has been any treatment or conservative therapy.; numbness and weakness in her r/ arm and r leg, difficulty speaking and forming words; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	She finally presented to UAMS and CTA was obtained revealing of L 4mm pcomm aneurysm and a R 4mm MCA bifurcation aneurysm.; This study is being ordered for a neurological disorder.; 01/07/2021; There has been treatment or conservative therapy.; headache,migraines;ptosis of l eye; Surgery;Craniotomy for aneurysm repair;;levetiracetam;methocarbamol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	William Peaks is a 46 y.o. male with history of hypertension, depression, hyperlipidemia, polysubstance abuse was diagnosed with posterior circulation strokes that affected bilateral occipital cortex, right posterior temporal lobe, right more than left ce; This study is being ordered for a neurological disorder.; November 2020; There has not been any treatment or conservative therapy.; reports sudden onset of visual deficits in 11/20, ;MRI scan of the brain done in the hospital was reported as positive for large subacute infarction of the right occipital and posterior temporal lobe, posterior left temporal lobe, right cerebellum and ri; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for a metastatic disease., There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Neoplasm of uncertain behavior of aortic body and other paraganglia;;paraganglioma restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Accelerating myelopathic symptoms; This study is being ordered for a neurological disorder.; July 2020, There has been treatment or conservative therapy.; Accelerating myelopathic symptoms; Muscle relaxers/ steroids/ pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Hx of transverse myelitis in 2007 Dx of MS in 2013 at UAMC, had LP and MRI scans of head and neck Saw a neurologist in Fayetteville, who thought she had PPMS Has been on Copaxone, Tecfidera, Aubagio, Ocrevus Last seen by neurologist in West Plains in ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Neoplasm of uncertain behavior of aortic body and other paraganglia.;paraganglioma restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has increased pain in scapula that radiates down shoulder arm and elbow with numbness in fingers. Also has thickened area in the neck where lymph node was.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Severe new onsite headaches nerve pain. The pain is perceived in the bilateral legs below the knee and bilateral lateral thighs. The pain is most severe at night and during periods of rest. In an attempt to control or improve the pain, she has tried Cymba; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	19 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	17 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected Parkinson's disease best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); Agree; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a change in character/pattern such as more frequent, longer duration, increased severity or associated neurological changes.; Agree; Chronic headaches, longer than one month describes the headache's character.; ; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; CARDIOVASCULAR ACCIDENT (CVA); ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Double vision and dizziness; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Her last fall was around 3 weeks ago. She hit the left frontal area. She had no LOC. She reports dizziness and gait dysfunction; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; INVOLUNTARY MOVEMENTS, MEMORY IMPAIRMENTS, WEAKNESS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; LUNG CANCER METASTASIS; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Neuro deficit, acute, stroke suspected; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Neuro deficit, acute, stroke; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; pt has memory loss; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; RECURRENT EPISODES OF SYNCOPE. INTERMITTENT WITH AURA PRIOR TO RECURRENCE ICTAL ISSUES POST. EEG NEG. HOTER MONITOR NEG. DR TO RULE OUT TUMOR.; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; see chart notes; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; slurred speech, left sided weakness; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is a sudden change in neurological symptoms.; Agree; Transient ischemic attack ;Neuro deficit, acute, stroke suspected; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; LUNG CANCER; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This case was created via RadMD.; Reason: ELSE (system matched response); There is NOT a sudden change in neurological symptoms.; There has NOT been a recent injury to the head, head trauma or a concussion.; There is known or suspected Cancer, Mass, Tumor, malignancy or metastatic disease.; Agree; NSCLC: Squamous cell Carcinoma; ELSE> (system matched response); Reason: Else (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Changing neurologic symptoms (system matched response); Agree; memory loss	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This case was created via RadMD.; Reason: Multiple sclerosis (system matched response); Agree; Multiple sclerosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is benign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is radiologic evidence of a lung abscess or empyema.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	01-14-2021; There has been treatment or conservative therapy.; difficulty swallowing; XRT AND 3 CYCLES CHEMO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	01/01/2020; There has been treatment or conservative therapy.; LLE swelling with chronic pain since excisional LN removed from groin. WEIGHTLOSS; Patient noted to have NHL with history of several chemotherapy with two recurrences; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	01/12/21; There has been treatment or conservative therapy.; PAIN; CHEMO-CARBOPLATIN/ETOPOSID; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	01/14/21; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	02/7/2019; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	02/13/2019; There has been treatment or conservative therapy.; Ms. Crawford is here today with reports of feeling good. She has had some nausea and diarrhea but both have been manageable. ;She is also here for follow up for breast cancer. She was currently taking Aromasin. Her CEA on 09/29/20 was 68.9 and was ; CHEMOTHERAPY;MASTECTOMY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	02/20/2015; There has been treatment or conservative therapy.; stage IV breast cancer diagnosed 2/20/15.;On 2/20/15 right core biopsy showed IDC grade II, 1.5 cm, ER/PR strongly positive, HER2/neu0, Ki 67 64%.;Left core biopsy showed foci fo ductal carcinoma in situ, high grade; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	02/26/2020; There has been treatment or conservative therapy.; Adenocarcinoma of colon; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	3/4/2014; There has been treatment or conservative therapy.; lung nodules; Surgery, chemo.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	06/17/2019; There has been treatment or conservative therapy.; multiple bilateral;pulmonary nodules, HISTORY OF BLADDER CANCER;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	06/24/2011; There has been treatment or conservative therapy.; *4/16/19: LUL biopsy was positive for moderately differentiated Squamous Cell. ALK, ROS1, EGFR, BRAF and KRAS were;negative. PDL1=5%;**5/3/19: Initiated Carbo/Taxol/Opdivo X 6 cycles, Days 1,8 and 15 Q28 days. Consider XRT if treatment response. D/C;Ca; CHEMO, RADIATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	07/16/2010; There has been treatment or conservative therapy.; ; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	7/23/2019; There has been treatment or conservative therapy.; PROGRESSIVE C/O DYSPHAGIA AND UNINTENTIONAL WEIGHT LOSS AND DIFFICULTY SWALLOWING; CARBOXYMALTOS 2 CYCLES END DATE: 11/19/19;CARBOPLATIN 2 CYCLES END DATE: 9/24/19;XRT COMPLETION DATE: 9/30/19; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/19/2019; There has been treatment or conservative therapy.; f post menopausal Ductal breast carcinoma pathologic stage:T2N1M1 Grade III/III ER Positive, PR Negative, HER2 Negative, Ki 67 % for neoadjuvant therapy. ;MIGRAINES; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/19/2019; There has been treatment or conservative therapy.; I Ductal breast carcinoma pathologic stage;T2N1M1 Grade III/III ER Positive, PR Negative, HER2 Negative, Ki 67 % for neoadjuvant therapy. ;Stage 4 with lytic bone leisons. ;CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	09/04/2015; There has been treatment or conservative therapy.; Personal history of malignant melanoma of skin; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	09/17/2019; There has been treatment or conservative therapy. ; Ms. Smith comes in today and reports feeling poorly. She developed some abdominal discomfort and bloating on Sunday. She has had some dark stools, nausea and right sided abdominal cramping. Her last colonoscopy was approximately 2018 with Dr Porter. ; CHEMO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	09/29/2019; There has been treatment or conservative therapy.; Patient reported weakness, decrease po intake, not eating well, and having had 2 bowel movements over the last 2 weeks which were black in color. In; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	10/19/2017; There has been treatment or conservative therapy.; NEW ONSET ONGOING PAIN; CHEMO THERAPY FULVESTRANT COMPLETED 3/5/20; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	11 mm semisolid ground glass nodule in the left lower lobe; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	11/13/2020; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/5/2018; There has been treatment or conservative therapy.; MILD FATIGUE; CARBOPLATIN ONGOING SCHEDULED COMPLETION 2/18/21;ZIENTENZO ONGOING SCHEDULED COMPLETION 7/23/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/07/2020; There has been treatment or conservative therapy.; Fu lung cancer, on chemoimmunotherapy; chemoimmunotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/17/2020; There has been treatment or conservative therapy.; CHRONIC ABDOMINAL PAIN SEEN IN THE ER, CT A/P SHOWED URINARY BLADDER THICKENING FOR CYSTITIS, POST OP CHANGES FROM SPLENECTOMY WITH MULTIPLE PERITONEAL SOFT TISSUE NODULES IN THE LEFT ABDOMEN AND FATTY LIVER AND DIVERTICULITIS OF THE SIGMOID COLON. RIGHT ; SPLENECTOMY, KIDNEY RESECTION AND CHOLECYSTECTOMY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/20/2018; There has been treatment or conservative therapy.; Malignant neoplasm of upper lobe, left bronchus or lung; RADIATION THERAPY. CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/20/2019; There has been treatment or conservative therapy.; Ms. Wakefield comes in today with reports of feeling ok. She had a seizure a few weeks ago and went to ER in Malvern. CT brain 12/29/2020 was normal. She saw Dr. Cooper who put her on Dilantin but she has not started it and does not want to take it. H; Assessment: ;;1. Breast Cancer, Left Breast. Moderately differentiated infiltrating ductal carcinoma. Tubular score 3, nuclear score 2, mitotic score 1 (II/III). Tumor was 100% invasive. ER Negative PR Negative, Ki-67 Borderline 67%, and Her2 Posit; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	2014; There has been treatment or conservative therapy.; SKIN LESIONS;CERVICAL LESIONS;BRAIN LESIONS;HEADACHES;NECK PAIN;SEVERE SWELLING; DICLOFENAC;CYANOCOBALAMIN;DIMETHYL FUMARATE;LOSARTAN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chronic RUQ pain, squeezing, reflux. Positive for abdominal pain and nausea. Doctor wants to rule out inflammatory disease.; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	CLL: CT SCANS FOR BULKY LYMPH NODES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Give;n. ;;abnormal chest x ray lung mass right upper lobe; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Extensive SCLC with met to brain, liver; There has been treatment or conservative therapy.; Extensive SCLC with met to brain, liver; ONGOING CHEMO ZOMETA 4mg IV q28d v2.0 AND Carboplatin AUC5 IV D1 + Etoposide 100mg/m2 IV D1-3 + Atezolizumab 1200mg IV D1 Q21D f/b Atezolizumab Maintenance v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule, 6-8mm; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Metastatic Squamous Cell carcinoma; There has been treatment or conservative therapy.; Metastatic Squamous Cell carcinoma; Carboplatin AUC2 - Paclitaxel 80mg/m2 D1,8,15 q21d x 6 cycles v2.0;;B-12 1000mcg monthly v3.0;;AND RADIATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	NSCLC: Squamous cell Carcinoma; There has been treatment or conservative therapy.; NSCLC: Squamous cell Carcinoma; Carboplatin AUC2 - Paclitaxel 80mg/m2 D1,8,15 q21d x 6 cycles v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	PARATRACHEAL AND RIGHT HILAR PROMINENCE. MAY BE RELATED TOVASCULATURE OR ADENOPATHY.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAS HAD AN AUNEXPLAINED FEVER SINCE FEB 2020. PATIENT HAS HAD A NEGATIVE WORK THROUGH ENDOCRINOLOGY , ENT, LABS, AND INFECTIOUS DISEASE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Patient presents to discuss chest pressure, shortness of breath, and palpitations. She had COVID in November and all of the symptoms have been worse since then.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodules; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RESEARCH, H/O BREAST CANCER; There has been treatment or conservative therapy.; nausea/ vomiting, fatigue, transaminitis; CHEMO & RADIATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RLL nodule; There has not been any treatment or conservative therapy.; RLL nodule; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	see chart notes; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	She has had a 10 years history of progressively worsening left shoulder pain with a past history of multiple osteochondromas which required excision. She notes constant ache with stabbing pain as well with certain maneuvers and has problems with performin; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; abnormal xray of lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is a request for screening for lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; ; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; Known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Abnormal imaging; Reason: Abnormal imaging (system matched response); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; breast swelling, breast soreness, and a history of breast trauma; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Chest injury or trauma within the past 2 weeks; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Dyspnea, chronic ;Cough shortness of breath; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Follow up of a known 8 mm lung nodule seen on last CT chest 4 months ago; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; FOLLOW UP OF RIGHT LOWER LOBE PULMONARY NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; lung nodule; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Malignant neoplasm of upper lobe, right bronchus or lung; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Pneumonia, unresolved or complicated; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected infection (pneumonia, abscess, empyema); Agree	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Bilateral pulmonary nodules; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); It is unknown if this is a request for screening for lung cancer.; It is unknown if this is a request for suspicion of pulmonary embolism (PE).; This request is for Suspected cancer or tumor	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Year follow up of abnormal CT; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Coughing up blood (hemoptysis); Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	xrays show possible nodules, radiologist recommends Chest CT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	CT chest on March 2020 was normal no acute finding for masses; Patient has nicotine dependence he still smoke despite advice understand the risk for lung cancer emphysema heart disease and stroke she been smoker more than 30 years more than 30 pack years ; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Patient had a LDCT back in 2019 which showed no pulmonary nodules but the CT shows emphysema/COPD.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	14 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	see chart notes; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Neoplasm of uncertain behavior of aortic body and other paraganglia;paraganglioma restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; WEAKNESS IN BOTH LEGS- BROAD BASED DISK BULGE W/ RADICULOPATHY; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 5/14/2020; There has been treatment or conservative therapy.; Pain; Norco, home physical therapy, steroid injections, surgery.; This study is being ordered for Other	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Accelerating myelopathic symptoms; This study is being ordered for a neurological disorder.; July 2020; There has been treatment or conservative therapy.; Accelerating myelopathic symptoms; Muscle relaxers/ steroids/ pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	HEADACHES, NECK PAIN THAT CONTINUES EVEN AFTER HAVING PT FOR SIX WEEKS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Hx of transverse myelitis in 2007 Dx of MS in 2013 at UAMC, had LP and MRI scans of head and neck Saw a neurologist in Fayetteville, who thought she had PPMS Has been on Copaxone, Tecfidera, Aubagio, Ocrevus Last seen by neurologist in West Plains in ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Low back pain, sciatica into bilateral legs, balance issues, bilateral hand numbness and weakness; This study is being ordered for trauma or injury.; 01/01/2019; There has been treatment or conservative therapy.; Low back pain, sciatica into bilateral legs, balance issues, bilateral hand numbness and weakness; Physical therapy, Pain management injections and prescription pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PAIN IN LOWER BACK X 3 - 4 MO WITH LEFT LEG PAIN AND WEAKNESS;NECK PAON RADIOATES INTO SHOULDER; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has increased pain in scapula that radiates down shoulder arm and elbow with numbness in fingers. Also has thickened area in the neck where lymph node was.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and/or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Abnormal Reflexes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	To find what is causing problem so patient can be treated and stop long term use of opioids.; 12/09/2019 initial date; There has been treatment or conservative therapy.; Pain radiating from neck down left arm involving left hand. Patient c/o increased headaches. Pain radiating from low back pain down left leg.; Patient has tried OTC NSAIDs with no relief of pain; This study is being ordered for Neurological Disorder	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	will send in clinicals; will send in clinicals; It is not known if there has been any treatment or conservative therapy.; will send in clinicals; This study is being ordered for Other	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 12/31/2020; There has been treatment or conservative therapy.; She is having increased severe back pain, bowel issues and increased flatus since surgery. She states that this was never an issue prior to surgery. She is taking tylenol for pain with minimal improvement. Her pain is mid back and over her right hip. Mid ; has been seen in clinic several times, having pain with bladder stimulator device. device has been reprogrammed, pt has turned device off with relief. she has been treated with OTC anti-inflammatories and analgesics. she has seen the interstim representat; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Accelerating myelopathic symptoms; This study is being ordered for a neurological disorder.; July 2020; There has been treatment or conservative therapy.; Accelerating myelopathic symptoms; Muscle relaxers/ steroids/ pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Evaluate for pain and cyst; 2016; There has not been any treatment or conservative therapy.; Patient developed increased pain in the lower back and hip. She has a history of a cyst on her spinal cord.; This study is being ordered for Other	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Hx of transverse myelitis in 2007 Dx of MS in 2013 at UAMC, had LP and MRI scans of head and neck Saw a neurologist in Fayetteville, who thought she had PPMS Has been on Copaxone, Tecfidera, Aubagio, Ocrevus Last seen by neurologist in West Plains in ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; positive for weakness and tingling and dizziness and headaches	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 5/14/2020; There has been treatment or conservative therapy.; Pain, Norco, home physical therapy, steroid injections, surgery.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Evaluate for pain and cyst; 2016; There has not been any treatment or conservative therapy.; Patient developed increased pain in the lower back and hip. She has a history of a cyst on her spinal cord.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PAIN IN LOWER BACK X 3 - 4 MO WITH LEFT LEG PAIN AND WEAKNESS;NECK PAON RADIOATES INTO SHOULDER; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	SEE CLINICALS;; SEE CLINICALS; There has been treatment or conservative therapy.; SEE CLINICALS; SEE CLINICALS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI; This case was created via BBI; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	8 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; It is unknown when the pain started; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; It is unknown if there is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Foot Drop is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	To find what is causing problem so patient can be treated and stop long term use of opioids.; 12/09/2019 initial date; There has been treatment or conservative therapy.; Pain radiating from neck down left arm involving left hand. Patient c/o increased headaches. Pain radiating from low back pain down left leg.; Patient has tried OTC NSAIDS with no relief of pain; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for a metastatic disease., There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	bilateral renal cysts; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	elevated psa; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Inflammatory bowel diseases (IBD); This study is being ordered for Inflammatory/ Infectious Disease.; 8/6/20; There has been treatment or conservative therapy.; Inflammatory bowel diseases (IBD); MULTIPLE MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient is having severe hip pain and this MRI is needed for pre-surgical evaluation. Previous xrays showed severe Osteoarthritis.; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PT WAS SEEN 2/25/2021 PATIENT REPORTS PAIN IN BOTH HIPS. PATIENT STATES IT IS DIFFICULT TO STAND UP STRAIGHT WHEN RISING FROM A SEATED POSITION DUE TO PAIN IN HIPS. XRAY WAS DONE 2/25/2021 IMPRESSION SHOWN: POSSIBILITY FOR MILD FEMOROACETABULAR IMPINGEMENT; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	see chart notes; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the uterus.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient still having bilateral shoulder pain for several months.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the patient has completed 4 weeks of physical therapy; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; It is not known if the physician has directed a home exercise program for at least 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has not completed 4 weeks of physical therapy?; The patient has not completed 4 weeks or more of Chiropractic care.; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months; The physician has directed a home exercise program for at least 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; It is not known what type of medication the patient received.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment exercises given by handout with stretches; The patient received medication other than joint injections(s) or oral analgesics.; nsaid, otc medication, otc anagelsics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDS specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; see chart notes; The patient received medication other than joint injections(s) or oral analgesics.; see chart notes	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for trauma or injury.; 01/27/21; There has been treatment or conservative therapy.; PT ,home exercise and injection; PT, home exercise and injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	see chart notes; This study is being ordered for trauma or injury.; 20 plus years ago; There has been treatment or conservative therapy.; see chart notes; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is a scheduled date with an orthopedic specialist; ; Weeks until ortho consult is not 0-12 or 13-24 (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	7 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); fistula; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); history of malignancy,ere; This case was created via RadMD.; There has been an abnormal finding on physical exam.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pulmonary congestion hypostasis; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); right renal mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); suspected hernia; There has been an abnormal finding on physical exam.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01-14-2021; There has been treatment or conservative therapy.; difficulty swallowing; XRT AND 3 CYCLES CHEMO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/01/2020; There has been treatment or conservative therapy.; LLE swelling with chronic pain since excisional LN removed from groin. WEIGHTLOSS; Patient noted to have NHL with history of several chemotherapy with two recurrences; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/12/21; There has been treatment or conservative therapy.; PAIN; CHEMO-CARBOPLATIN/ETOPOSID; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/14/21; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/7/2019; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/13/2019; There has been treatment or conservative therapy.; Ms. Crawford is here today with reports of feeling good. She has had some nausea and diarrhea but both have been manageable. ;She is also here for follow up for breast cancer. She was currently taking Aromasin. Her CEA on 09/29/20 was 68.9 and was ; CHEMOTHERAPY;MASTECTOMY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/20/2015; There has been treatment or conservative therapy.; stage IV breast cancer diagnosed 2/20/15.;On 2/20/15 right core biopsy showed IDC grade II, 1.5 cm, ER/PR strongly positive, HER2/neu0, Ki 67 64%.;Left core biopsy showed foci fo ductal carcinoma in situ, high grade; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/26/2020; There has been treatment or conservative therapy.; Adenocarcinoma of colon; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/4/2014; There has been treatment or conservative therapy.; lung nodules; Surgery, chemo.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/17/2019; There has been treatment or conservative therapy.; multiple bilateral;pulmonary nodules, HISTORY OF BLADDER CANCER; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/24/2011; There has been treatment or conservative therapy.; *4/16/19: LUL biopsy was positive for moderately differentiated Squamous Cell. ALK, ROS1, EGFR, BRAF and KRAS were;negative. PDL1=5%;**5/3/19: Initiated Carbo/Taxol/Opdivo X 6 cycles, Days 1,8 and 15 Q28 days. Consider XRT if treatment response. D/C;Ca; CHEMO, RADIATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	07/16/2010; There has been treatment or conservative therapy.; ; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/23/2019; There has been treatment or conservative therapy.; PROGRESSIVE C/O DYSPHAGIA AND UNINTENTIONAL WEIGHT LOSS AND DIFFICULTY SWALLOWING; CARBOXYMALTOSE 2 CYCLES END DATE: 11/19/19; CARBOPLATIN 2 CYCLES END DATE: 9/24/19; XRT COMPLETION DATE: 9/30/19; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/19/2019; There has been treatment or conservative therapy.; f post menopausal Ductal breast carcinoma pathologic stage; T2N1M1 Grade III/III ER Positive, PR Negative, HER2 Negative, Ki 67 % for neoadjuvant therapy. ; MIGRAINES; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/19/2019; There has been treatment or conservative therapy.; I Ductal breast carcinoma pathologic stage; T2N1M1 Grade III/III ER Positive, PR Negative, HER2 Negative, Ki 67 % for neoadjuvant therapy. ; Stage 4 with lytic bone lesions. ; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/04/2015; There has been treatment or conservative therapy.; Personal history of malignant melanoma of skin; CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/17/2019; There has been treatment or conservative therapy.; Ms. Smith comes in today and reports feeling poorly. She developed some abdominal discomfort and bloating on Sunday. She has had some dark stools, nausea and right sided abdominal cramping. Her last colonoscopy was approximately 2018 with Dr Porter. ; CHEMO; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/29/2019; There has been treatment or conservative therapy.; Patient reported weakness, decrease po intake, not eating well, and having had 2 bowel movements over the last 2 weeks which were black in color. In; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/19/2017; There has been treatment or conservative therapy.; NEW ONSET ONGOING PAIN; CHEMO THERAPY FULVESTRANT COMPLETED 3/5/20; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	11/13/2020; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Congenital Anomaly	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/5/2018; There has been treatment or conservative therapy.; MILD FATIGUE; CARBOPLATIN ONGOING SCHEDULED COMPLETION 2/18/21; ZIEXTENZO ONGOING SCHEDULED COMPLETION 7/23/21; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/07/2020; There has been treatment or conservative therapy.; Fu lung cancer, on chemoimmunotherapy; chemoimmunotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/17/2020; There has been treatment or conservative therapy.; CHRONIC ABDOMINAL PAIN SEEN IN THE ER, CT A/P SHOWED URINARY BLADDER THICKENING FOR CYSTITIS, POST OP CHANGES FROM SPLENECTOMY WITH MULTIPLE PERITONEAL SOFT TISSUE NODULES IN THE LEFT ABDOMEN AND FATTY LIVER AND DIVERTICULITIS OF THE SIGMOID COLON. RIGHT ; SPLENECTOMY, KIDNEY RESECTION AND CHOLECYSTECTOMY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/20/2018; There has been treatment or conservative therapy.; Malignant neoplasm of upper lobe, left bronchus or lung; RADIATION THERAPY. CHEMOTHERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/20/2019; There has been treatment or conservative therapy.; Ms. Wakefield comes in today with reports of feeling ok. She had a seizure a few weeks ago and went to ER in Malvern. CT brain 12/29/2020 was normal. She saw Dr. Cooper who put her on Dilantin but she has not started it and does not want to take it. H; Assessment: ;1. Breast Cancer, Left Breast. Moderately differentiated infiltrating ductal carcinoma. Tubular score 3, nuclear score 2, mitotic score 1 (II/III). Tumor was 100% invasive. ER Negative PR Negative, Ki-67 Borderline 67%, and Her2 Posit; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2014; There has been treatment or conservative therapy.; SKIN LESIONS;CERVICAL LESIONS;BRAIN LESIONS;HEADACHES;NECK PAIN;SEVERE SWELLING; DICLOFENAC;CYANOCOBALAMIN;DIMETHYL FUMARATE;LOSARTAN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CLL: CT SCANS FOR BULKY LYMPH NODES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Extensive SCLC with met to brain, liver; There has been treatment or conservative therapy.; Extensive SCLC with met to brain, liver; ONGOING CHEMO ZOMETA 4mg IV q28d v2.0 AND Carboplatin AUC5 IV D1 + Etoposide 100mg/m2 IV D1-3 + Atezolizumab 1200mg IV D1 Q21D f/b Atezolizumab Maintenance v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Metastatic Squamous Cell carcinoma; There has been treatment or conservative therapy.; Metastatic Squamous Cell carcinoma; Carboplatin AUC2 - Paclitaxel 80mg/m2 D1,8,15 q21d x 6 cycles v2.0;;B-12 1000mcg monthly v3.0;;AND RADIATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	NSCLC: Squamous cell Carcinoma; There has been treatment or conservative therapy.; NSCLC: Squamous cell Carcinoma; Carboplatin AUC2 - Paclitaxel 80mg/m2 D1,8,15 q21d x 6 cycles v2.0; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESEARCH, H/O BREAST CANCER; There has been treatment or conservative therapy.; nausea/ vomiting, fatigue, transaminitis; CHEMO & RADIATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); follow up on cyst of kidney; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT.; Reason: ELSE (system matched response); ABD PAIN PT W CHRONIC KIDNEY D; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal wall pain in left lower quadrant.; This case was created via RadMD.; It is unknown if there has been an abnormal finding on physical exam.; It is unknown if the patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Cannot agree/affirm; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Acute right flank pain, kidney stone suspected; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ADOMINAL PAIN/PANCREATITIS; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Diverticulitis hematuria, and protein urea.; This case was created via BBL.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hematuria,bladder tumors; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); IBS and abdominal pain; There has been an abnormal finding on physical exam., The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PT had ERCP done 2-22-2021 and since then PT has developed intense abdominal pain and fever; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RULE OUT KIDNEY STONE, FLANK PAIN, HEMATURIA; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Unknown; This case was created via BBI.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ureteral obstruction, hydronephrosis; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); weight loss on pt; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal ultrasound results recommended follow up CT; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; It is unknown if there is known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hematuria, unknown cause; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Malignant neoplasm of appendix; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Malignant neoplasm of upper lobe, right bronchus or lung; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); r10.13; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); To evaluate AAA; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is known or suspicion of Vascular disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Abdominal pain; This case was created via RadMD.; There has been an abnormal finding on physical exam; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Gross hematuria; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Vascular disease (system matched response); abdominal aortic aneurysm; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	bilateral renal cysts; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Inflammatory bowel diseases (IBD); This study is being ordered for Inflammatory/ Infectious Disease.; 8/6/20; There has been treatment or conservative therapy.; Inflammatory bowel diseases (IBD); MULTIPLE MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; It is unknown if there is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	This is a request for a MR Angiogram of the abdomen.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Abnormal Lexiscan myocardial perfusion study demonstrating ; moderate ; size defect of moderate degree involving the mid to apical ; inferolateral ; and distal inferior wall that appears to fixed in the mid segments, ; slightly reversible distally ; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done ; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, and assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; There are benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Her most recent mammogram was on 07/27/2020. and revealed no evidence of malignancy birads 2. Previous biopsy was benign. Excisional biopsy was performed on 1/23/2013 at at the out-patient center. The biopsy revealed fibrosis, hemorrhage, scarring, fat ne; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has lifetime risk of breast cancer at 26%. Mother was diagnosed at 43, a maternal aunt at 60.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	PREVIOUS BIOPSY OF BREAST revealed focal atypical ductal hyperplasia involving intraductal papilloma. She underwent R breast excisional biopsy. Pathology demonstrated focal ADH; This is a request for Breast MRI; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Pt has lifetime risk of breast cancer at 20%. Mother was diagnosed at 40, Maternal Grandmother at 40, Paternal Grandmother Breast@32 and Ovarian@29. Pt's last mammogram and ultrasound came back as inconclusive, bi-rads 4. Need further imaging; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer; There are NOT benign lesions in the breast associated with an increased cancer risk; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer. The patient has a lifetime risk score of greater than 20.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer. There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI; This study is being ordered for a known history of breast cancer; No, this is not an individual who has known breast cancer in the contralateral (other) breast; Yes, this is a confirmed breast cancer; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI; This study is being ordered for known breast lesions; No, this is not an individual who has known breast cancer in the contralateral (other) breast; No, this is not a confirmed breast cancer; No, this patient does not have axillary node adenocarcinoma; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible. It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	- Additional clinical information: 40-year-old white female who presents with recurrent episodes of mid precordial pressure-like chest pain radiating into her back, specifically into her interscapular region, associated with dyspnea, severe in intensity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 12/2020; There has been treatment or conservative therapy.; 71-year-old white female who complains of recurrent episodes of mid precordial, occasionally subxiphoid tightness, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting 5 to 10 minutes, spontaneous resolution. Symptoms are random; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; 2017; There has been treatment or conservative therapy.; chest pain, SOB; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Caucasian female is here today for follow up for hypertension, hypertensive heart disease, left atrial dilatation, pulmonary hypertension, tricuspid regurgitation, hypercholesterolemia, and smoking. Patient reports right-sided arm pain that starts in her; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	78-year-old white male who presents with recurrent episodes of left precordial pressure-like chest pain, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting less than 5 minutes, spontaneous resolution. Symptoms are randomly occ; This study is being ordered for Vascular Disease.; 11/8/20; There has been treatment or conservative therapy.; Chest pain and SOB; Medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain, numbness, shortness of breath, and hyperlipidemia; This study is being ordered for Vascular Disease.; 01/05/2021; There has not been any treatment or conservative therapy.; Chest Pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Coronary artery disease involving native coronary artery of native heart without angina pectoris; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PATIENT ALSO HAS CAROTID VASCULAR DISEASE WHICH IS ONE OF THE REASONS FOR THE CAROTID DOPPLER DUE TO THE CAROTID BRUITS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; ANGINA, SHORTNESS OF BREATH, CORONARY ARTERY DISEASE, HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient reports an episode of unprovoked syncope, patient fell and had concussion, no warning signs of syncope coming, mild shortness of breath, dizziness, confusion, slurred speech, one sided weakness and numbness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	preop clearance; This study is being ordered for Inflammatory/ Infectious Disease.; 11/2020; There has been treatment or conservative therapy.; swelling, palpitations; medication, pulmonologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea on mild to moderate exertion, not a good candidate for treadmill. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Chronic back pain with difficulty ambulating. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess; This study is being ordered for Vascular Disease.; 10/09/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Dyspnea occurs on mild to moderate exertion, not a good candidate for treadmill, in addition, patient has degenerative disc disease of; This study is being ordered for Vascular Disease.; 10/26/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Patient developed dyspnea on mild exertion like combing her hair taking a shower or leaning forward. Cannot exercise on a treadmill. ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Patient with underlying left bundle branch block. Treadmill stress test would not be diagnostic. Rule out underlying ischemia. Two-d; This study is being ordered for Vascular Disease.; 11/19/2020; There has been treatment or conservative therapy.; chest pain, dyspnea on exertion; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Rheumatoid arthritis. Poor balance, uses a cane to ambulate. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler s; This study is being ordered for Vascular Disease.; 12/17/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Right sided sciatica, severe chronic back pain which limits ambulation. Rule out underlying ischemia. Two-dimensional echocardiographic; This study is being ordered for Vascular Disease.; 11/05/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continues current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. VRule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left ventricular systolic and diastolic functi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion, heart palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	recurrent episodes of interscapular pressure-like chest pain radiating to his left arm, associated with vomiting and dyspnea, moderate to severe in intensity, lasting 5 to 10 minutes, spontaneous resolution. Symptoms are randomly occurring with no identifi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	THE PATIENT HAS BEEN EXPERIENCING ANGINA AS WELL AS INCREASING EPISODES OF CHEST PAIN AND CHEST DISCOMFORT. PATIENT ALSO HAVING INCREASED SHORTNESS OF BREATH.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; ANGINA;CORONARY ARTERY DISEASE;SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This 37 year old female presents for Peripheral Vascular Disease and Coronary Artery Disease.;Ms. Oliver is a 37 year old female who is here today for a follow up appt. She underwent peripheral angiogram 08/21/2020 where she received VIABAHN stent in RE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms. The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; A surgery Other than listed above is being performed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Orthopedic Surgery (non laparoscopic) is being performed; This case was created via RadMD.; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; The ordering MDs specialty is not Cardiology or Cardiac Surgery	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors.; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	5 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	Patient has increased pain in scapula that radiates down shoulder arm and elbow with numbness in fingers. Also has thickened area in the neck where lymph node was.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Endometrial cancer, recurrence suspected ;recurrent endometrial cancer on chemo; please evaluate disease response; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/28/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; none; none; 03/18/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; Enter name of tool here 50; 01/08/2021; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Rehabilitative	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; unknow; There has been treatment or conservative therapy.; Caucasian female is here today for follow up for hypertension, hypertensive heart disease, left atrial dilatation, pulmonary hypertension, tricuspid regurgitation, hypercholesterolemia, and smoking. Patient reports right-sided arm pain that starts in her; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	78-year-old white male who presents with recurrent episodes of left precordial pressure-like chest pain, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting less than 5 minutes, spontaneous resolution. Symptoms are randomly occ; This study is being ordered for Vascular Disease.; 11/8/20; There has been treatment or conservative therapy.; Chest pain and SOB; Medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Chronic back pain with difficulty ambulating. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess; This study is being ordered for Vascular Disease.; 10/09/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Dyspnea is significant as described in HPI. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess; This study is being ordered for Vascular Disease.; 10/28/2020; There has been treatment or conservative therapy.; chest pain, dyspnea on exertion, shortness of breath; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Dyspnea occurs on mild to moderate exertion, not a good candidate for treadmill, in addition, patient has degenerative disc disease of; This study is being ordered for Vascular Disease.; 10/26/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Patient with underlying left bundle branch block. Treadmill stress test would not be diagnostic. Rule out underlying ischemia. Two-d; This study is being ordered for Vascular Disease.; 11/19/2020; There has been treatment or conservative therapy.; chest pain, dyspnea on exertion; continued current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left ventricular systolic and diastolic functi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion, heart palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	THE PATIENT HAS BEEN EXPERIENCING ANGINA AS WELL AS INCREASING EPISODES OF CHEST PAIN AND CHEST DISCOMFORT. PATIENT ALSO HAVING INCREASED SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN, There has not been any treatment or conservative therapy.; ANGINA;CORONARY ARTERY DISEASE;SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an annual review of known valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; It has been 12 - 23 months or more since the last echocardiogram.; Known or suspected valve disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	27 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	21 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	65 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	abnormal echocardiogram w/ other chest pain, shortness of breath, morbid obesity, Hypertension, polycystic ovarian syndrome.;Echo with bubble study 1/29/2021: Small to moderate (~5mm) secundum atrial septal defect was visualized on color flow doppl; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/30/2020; ASL; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; One visit anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; neck; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2020; Wound irrigation; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Hand request: ; Three or more visits anticipated; oswestry; 56%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; quick dash; 63.64%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; single leg romburg; 25%; The anticipated number of visits is other than 2.; single leg; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; func disability scale; 3; The anticipated number of visits is other than 2.; func disability scale; 3; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; great river med pain questionnaire; great river med rehab pain questionnaire; 61; 61; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; Foto; foto; 44%; 44%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here 76; The anticipated number of visits is other than 2.; Enter name of tool here 76; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; ; Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; owestry; 29; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 01/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; Enter name of tool here 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; mmt score analysis; mms; 50%; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; same; 8; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; grnc questionnaire; 8; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability;	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; Gait and Balance; 16; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Tinetti; 11; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; balance test; Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; KOS; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; LEFS; 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; none; none; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 02/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 3+; Neck Disability; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 01/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Lumbar Spine; 01/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Hand request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; quick dash; 50%; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region;	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; hip score; 7/48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; Unknown; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; THQ-2(C) SCALE; 0%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; lefts; 12/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower extr func scale; 22/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 33%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; foto; 35%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Moderate Limitation; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/15/2021; back surgery; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Three or more visits anticipated; oasis; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Three or more visits anticipated; measurements; 10%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Mobility; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 35%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 35; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Muscle testing Tinetti; 45%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Mississippi South County Functional Assessment; 76%; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; Neck index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; Tug , Berg; 28 seconds and 35 out of 56; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; none; none; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Foto; 46.0; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; dash; 64; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 01/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2020; right ACL reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2021; knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; TUG TEST; unknown; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2021; medial patella reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; OswestryLEFS; 20/8043 LEFS; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; First Pass; Body Part for first pass is Knee; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; Knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2021; lower right amputation; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; braden assessment; 18%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/06/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/04/2020; left knee surgical ACL reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 87.5%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; call unsure; call unsure; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/21/2020; open Achilles tendon repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/14/2020; Ankle Surgery; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Lower index; 21/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/11/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/15/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 02/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/06/2021; hand surgery; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; strength; Enter score here range of motion; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; RANGE OF MOTION MEASUREMENTS; 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 01/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Unknown; Unknown; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/04/2020; oris on rt ring finger flexon tendon repair; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; quick dash; unknown; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Jan-Mar 2021

1/1/2021 -	3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; bot 2 beery vmi; 14; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 -	3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-17-2020; left shoulder orthoscopic decompression; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Range of motion; active lef: 15 degreespassive: 100extension: 30Abduction:30external passive 60external acive 20; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/04/2021; right wrist removal of cyst; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; foto; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; Quick Dash; 45%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Patient has nausea/vomiting, abdominal pain, elevated LFT's, abnormal Pipida Scan with ejection fraction 15% with no evidence of excretion into the small bowel could not rule out biliary obstruction. Radiologist recommended MRCP for further evaluation.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT.; It is unknown if Surgery will occur in the next 30 days	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT.; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT.; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 02/03/2021; There has been treatment or conservative therapy.; concerning with mass sensation in his neck and abnormal xray of soft tissues neck. will get CT of neck soft tissues. having a little trouble swallowing, said things feel like they get hung. Thinks he has a mass in his throat. X-ray and lateral view, app; Xray on neck-concerning with mass sensation in his neck and abnormal xray of soft tissues neck.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Severe new onsite headaches nerve pain. The pain is perceived in the bilateral legs below the knee and bilateral lateral thighs. The pain is most severe at night and during periods of rest. In an attempt to control or improve the pain, she has tried Cymba; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 02/03/2021; There has been treatment or conservative therapy.; concerning with mass sensation in his neck and abnormal xray of soft tissues neck. will get CT of neck soft tissues. having a little trouble swallowing, said things feel like they get hung. Thinks he has a mass in his throat. X-ray and lateral view, app; Xray on neck-concerning with mass sensation in his neck and abnormal xray of soft tissues neck.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Severe new onsite headaches nerve pain. The pain is perceived in the bilateral legs below the knee and bilateral lateral thighs. The pain is most severe at night and during periods of rest. In an attempt to control or improve the pain, she has tried Cymba; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presents today following MVA yesterday. Patient states he was the driver of an 18 wheeler log truck. Patient states that another 18 wheeler pulled out in front of him and he struck the 18 wheeler in the side. Patient states he was told he was u; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	11/13/20; There has been treatment or conservative therapy.; FREQUENT HEADACHES, INTERMITTENT TREMORS, LOW BACK PAIN RADIATING TO LT HIP, BALANCE ISSUES, NUMBNESS TO LEGS AND HANDS WHEN TREMORS OCCUR, JOINT PAIN/SITFFNESS/SWELLING, LIMPING, WEAKNESS; MEDS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents today following MVA yesterday. Patient states he was the driver of an 18 wheeler log truck. Patient states that another 18 wheeler pulled out in front of him and he struck the 18 wheeler in the side. Patient states he was told he was u; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	9 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	03/10/2021; There has been treatment or conservative therapy.; see chart notes; Both incisions sutured with 1 5-0 nylon suture without difficulty. Patient tolerated procedure well. Wound care discussed. Patient to RTC in 7 days for suture removal/Medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	04/07/2020; There has been treatment or conservative therapy.; shortness of breath, agitation, sleep disturbance; radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	07/29/2020; There has not been any treatment or conservative therapy.; Mr Franklin Ohler is a 79 year old white male referred by Dr Mark Vice for evaluation of anemia. Lab drawn on 12/28/2020 showed Hgb 7.6 g/dL and Hct 26.7%. Previous lab drawn on 12/8/2020 revealed Hgb 9.4 g/dL and Hct 31.5%. Lab drawn on 7/29/2020 show; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	08/11/2020; There has been treatment or conservative therapy.; 0.3 CM NODULE IN THE MEDIAL ASPECT OF THE LEFT UPPER LOBE; OBSERVATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Endometrial cancer, recurrence suspected ;recurrent endometrial cancer on chemo; please evaluate disease response; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered., The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports to clinic for ER follow up and still having right chest pain. Patient states there is now a knot where it hurts on the right side of the chest. Last friday she came in to the doctors office her blood pressure was sky high they called EMS w; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	POSITIVE FOR TB SKIN TEST ABNORMAL FINDING OF LUNGS ON CHEST X-RAY CONFIRM; A Chest/Thorax CT is being ordered; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Problem has lasted for more than 2 weeks. Patient has history of Asthma. Highly suspect of Pleurisy.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has cough, chest discomfort--feels like lump in his throat. Pt had a xray in Nov 2020 that showed lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt is complaining of upper chest pain, lower neck, and collar bone; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is a request for suspicion of pulmonary embolism (PE).; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had MRI of c-spine on 12/29 already, would like to obtain images on c-spine through a Ct now, to check shunt status and hydrocephalus status to establish a baseline.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy.;" The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	to evaluated pt's symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain, sciatica into bilateral legs, balance issues, bilateral hand numbness and weakness; This study is being ordered for trauma or injury.; 01/01/2019; There has been treatment or conservative therapy.; Low back pain, sciatica into bilateral legs, balance issues, bilateral hand numbness and weakness; Physical therapy, Pain management injections and prescription pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt needs new scans so she is able to start back PT which was helping with her ADL's and day to day living.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; The patient complains of ache/pain in neck, shoulders, hands, mid/lower back; Lt. CMBB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; List meds here; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	11/13/20; There has been treatment or conservative therapy.; FREQUENT HEADACHES, INTERMITTENT TREMORS, LOW BACK PAIN RADIATING TO LT HIP, BALANCE ISSUES, NUMBNESS TO LEGS AND HANDS WHEN TREMORS OCCUR, JOINT PAIN/STIFFNESS/SWELLING, LIMPING, WEAKNESS; MEDS; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic and worsening pain in the Lumbar, thoracic and Cervical spine areas. Positive for arthralgias and back pain. Positive for weakness and numbness. Struggling to sleep the last 5 nights. Feels like things are crawling down her spine, arms, and legs.; unknown; There has been treatment or conservative therapy.; This is a chronic problem. The problem occurs constantly. The problem has been gradually worsening since onset. The pain is present in the lumbar spine. The quality of the pain is described as cramping (sharp). The pain radiates to the left foot, right fo; Meds and exercise.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CLINICALS UPLOADED; 11/20/20; There has been treatment or conservative therapy.; RADICULOPATHY, PAIN, FOOT DROP; NSAIDS/HOME EXERCISES; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 1/28/21; There has not been any treatment or conservative therapy.; shoulder pain. rotator cuff injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	For Further evaluation; Patient has been having these issues for several years.; There has not been any treatment or conservative therapy.; Patient comes into clinic with pain in her cervical spine radiating down into her left arm as well as pain in her low back radiating down into her left leg.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	new patient. lumbar x-ray showed Degenerative changes of the lumbar spine as above.; Said that he wanted to have a referral to Orthopedic Surgery. Has not had any back imaging on his back recently. States he was supposed to have surgery in 2015 for compressed nerves and spine.; It is not known if there has been any treatment or conservative therapy.; Brian Miller from likely osteoarthritis is worse lately, and he has some onset of worse low back pain since past esophageal surgery pain involving: shoulder bilateral, wrist bilateral, osteoarthritis is worse lately, and he has some onset of worse low b; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt needs new scans so she is able to start back PT which was helping with her ADL's and day to day living.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; The patient complains of ache/pain in neck, shoulders, hands, mid/lower back; Lt. CMBB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt stats that has a lot of pain when she is sitting, walking , and lying flat all makes the pain worse.; One year ago; There has been treatment or conservative therapy.; Low back pain that radiates form the back down bilateral legs and feet as well as neck pain. She also has numbness and tingling in the bilateral feet.; PT tried Physical Therapy without any benefit.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; None of the above are documented.; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	6 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Extremity unequal reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDS specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	to evaluated pt's symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	WE ARE NEEDING TO KNOW THE PATHOLOGY IN WHICH IS CAUSING SUCH SIGNIFICANT PAIN AND LOSS OF FEELING. THIS MRI IS REQUESTED AS ASAP BY PROVIDER.; UNKNOWN BUT HAS BEEN OVER AT LEAST 2 YEARS SINCE THE ONSET OF HIS CONDITIONS AND HAS PROGRESSIVELY GOTTEN WORSE WITHIN THE LAST COUPLE OF MONTHS.; There has been treatment or conservative therapy.; LOW BACK PAIN RADIATING DOWN BOTH LEGS, UNABLE TO STAND FOR LONG PERIODS OF TIME;;NECK PAIN RADIATING DOWN BOTH ARMS, PROGRESSIVE UPPER EXTREMITY WEAKNESS AND LOSS OF TACTILE SENSATIONS AS HE IS DROPPING THINGS.; -PHYSICAL THERAPY;-ANTI-INFLAMATORIES;-PRESCRIBED PAIN MEDICATION;-AT HOME EXERCISES PROVIDED BY PHYSIAL THERAPY;- INJECTIONS; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic and worsening pain in the Lumbar, thoracic and Cervical spine areas. Positive for arthralgias and back pain. Positive for weakness and numbness. Struggling to sleep the last 5 nights. Feels like things are crawling down her spine, arms, and legs.; unknown; There has been treatment or conservative therapy.; This is a chronic problem. The problem occurs constantly. The problem has been gradually worsening since onset. The pain is present in the lumbar spine. The quality of the pain is described as cramping (sharp). The pain radiates to the left foot, right fo; Meds and exercise.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	FAILED CONSERVATIVE THERAPY. MRI T AND LSPINE FOR TREATMENT AND SURGICAL PLANNING.; 10/01/2020; There has been treatment or conservative therapy., PAIN IN MID AND LOW BACK RADIATES TO LOWER EXT.; PHYSICAL THERAPY, NSAID THERAPY, REST.; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; bilateral right greater than left S1 pain. She reports occasional leg weakness and balance disturbance	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; pt states weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; GABAPENTIN 400 MG THREE TIMES A DAY; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HOME EXERCISES	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	will send in clinicals; will send in clinicals; It is not known if there has been any treatment or conservative therapy.; will send in clinicals; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening symptoms; 1-11-21 worsening; There has been treatment or conservative therapy.; ; Chiropractor; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 12/31/2020; There has been treatment or conservative therapy.; She is having increased severe back pain, bowel issues and increased flatus since surgery. She states that this was never an issue prior to surgery. She is taking tylenol for pain with minimal improvement. Her pain is mid back and over her right hip. Mid ; has been seen in clinic several times, having pain with bladder stimulator device. device has been reprogrammed, pt has turned device off with relief. she has been treated with OTC anti-inflammatories and analgesics. she has seen the interstim representat; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic and worsening pain in the Lumbar, thoracic and Cervical spine areas. Positive for arthralgias and back pain. Positive for weakness and numbness. Struggling to sleep the last 5 nights. Feels like things are crawling down her spine, arms, and legs.; unknown; There has been treatment or conservative therapy.; This is a chronic problem. The problem occurs constantly. The problem has been gradually worsening since onset. The pain is present in the lumbar spine. The quality of the pain is described as cramping (sharp). The pain radiates to the left foot, right fo; Meds and exercise.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CLINICALS UPLOADED; 11/20/20; There has been treatment or conservative therapy.; RADICULOPATHY, PAIN, FOOT DROP; NSAIDS/HOME EXERCISES; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FAILED CONSERVATIVE THERAPY. MRI T AND LSPINE FOR TREATMENT AND SURGICAL PLANNING.; 10/01/2020; There has been treatment or conservative therapy.; PAIN IN MID AND LOW BACK RADIATES TO LOWER EXT.; PHYSICAL THERAPY, NSAID THERAPY, REST.; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	For Further evaluation; Patient has been having these issues for several years.; There has not been any treatment or conservative therapy.; Patient comes into clinic with pain in her cervical spine radiating down into her left arm as well as pain in her low back radiating down into her left leg.; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of transverse myelitis in 2007 Dx of MS in 2013 at UAMC, had LP and MRI scans of head and neck Saw a neurologist in Fayetteville, who thought she had PPMS Has been on Copaxone, Tecfidera, Aubagio, Ocrevus Last seen by neurologist in West Plains in ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain, sciatica into bilateral legs, balance issues, bilateral hand numbness and weakness; This study is being ordered for trauma or injury.; 01/01/2019; There has been treatment or conservative therapy.; Low back pain, sciatica into bilateral legs, balance issues, bilateral hand numbness and weakness; Physical therapy, Pain management injections and prescription pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	new patient. Lumbar x-ray showed Degenerative changes of the lumbar spine as above.; Said that he wanted to have a referral to Orthopedic Surgery. Has not had any back imaging on his back recently. States he was supposed to have surgery in 2015 for compressed nerves and spine.; It is not known if there has been any treatment or conservative therapy.; Brian Miller from likely osteoarthritis is worse lately, and he has some onset of worse low back pain since past esophageal surgery pain involving: shoulder bilateral, wrist bilateral, osteoarthritis is worse lately, and he has some onset of worse low b; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt stats that has a lot of pain when she is sitting, walking , and lying flat all makes the pain worse.; One year ago; There has been treatment or conservative therapy.; Low back pain that radiates form the back down bilateral legs and feet as well as neck pain. She also has numbness and tingling in the bilateral feet.; PT tried Physical Therapy without any benefit.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for None of the above	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had None of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; It is unknown when the pain started; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; This case was created via RadMD; This case was created via RadMD; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	WE ARE NEEDING TO KNOW THE PATHOLOGY IN WHICH IS CAUSING SUCH SIGNIFICANT PAIN AND LOSS OF FEELING. THIS MRI IS REQUESTED AS ASAP BY PROVIDER.; UNKNOWN BUT HAS BEEN OVER AT LEAST 2 YEARS SINCE THE ONSET OF HIS CONDITIONS AND HAS PROGRESSIVELY GOTTEN WORSE WITHIN THE LAST COUPLE OF MONTHS.; There has been treatment or conservative therapy.; LOW BACK PAIN RADIATING DOWN BOTH LEGS, UNABLE TO STAND FOR LONG PERIODS OF TIME;;NECK PAIN RADIATING DOWN BOTH ARMS, PROGRESSIVE UPPER EXTREMITY WEAKNESS AND LOSS OF TACTILE SENSATIONS AS HE IS DROPPING THINGS.; -PHYSICAL THERAPY;-ANTI-INFLAMATORIES;-PRESCRIBED PAIN MEDICATION;-AT HOME EXERCISES PROVIDED BY PHYSIAL THERAPY;- INJECTIONS; This study is being ordered for Other	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening symptoms; 1-11-21 worsening; There has been treatment or conservative therapy.;; Chiropractor; This study is being ordered for Neurological Disorder	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	About 1 year had a cyst rupture in Nov 2019 and had severe pain. Did well for 2-3 mos then started having pain again then got substantially worse. Started losing weight due to early satiety of feeling constipated. Was seen June 2020 in ED-treated for UTI; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	confirmed tethered spinal cord. neurosurgery eval.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 2018; There has been treatment or conservative therapy.; Pain in back and shoulders all over; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI; The study is being ordered for joint pain or suspicion of joint or bone infection; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Hand pain, stress fracture suspected, neg xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	INFECTIVE TENOSYNOVITIS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 1/28/21; There has not been any treatment or conservative therapy.; shoulder pain. rotator cuff injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	INFECTIVE TENOSYNOVITIS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Normal x-ray in office.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain in Right and left shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The patient has completed 4 weeks of physical therapy?; Agree; The physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; see chart note; The patient received medication other than joint injections(s) or oral analgesics.; see chart note	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks within the past 6 months	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks within the past 6 months	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	SEE ATTACHED CLINICAL; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	see chart notes; This study is being ordered for trauma or injury.; 20 plus years ago; There has been treatment or conservative therapy.; see chart notes; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is a request in preparation for an orthopedic consultation; There is a scheduled date with an orthopedic specialist; Patient was evaluated by orthopedic specialist on 02/03/2021 and will f/u after MRI is obtained.; Weeks until ortho consult is not 0-12 or 13-24 (system matched response)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.; This is NOT a request in preparation for an orthopedic consultation	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 2018; There has been treatment or conservative therapy.; Pain in back and shoulders all over; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	03/10/2021; There has been treatment or conservative therapy.; see chart notes; Both incisions sutured with 1 5-0 nylon suture without difficulty. Patient tolerated procedure well. Wound care discussed. Patient to RTC in 7 days for suture removal/Medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	04/07/2020; There has been treatment or conservative therapy.; shortness of breath, agitation, sleep disturbance; radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	07/29/2020; There has not been any treatment or conservative therapy.; Mr Franklin Ohler is a 79 year old white male referred by Dr Mark Vice for evaluation of anemia. Lab drawn on 12/28/2020 showed Hgb 7.6 g/dL and Hct 26.7%. Previous lab drawn on 12/8/2020 revealed Hgb 9.4 g/dL and Hct 31.5%. Lab drawn on 7/29/2020 show; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	08/11/2020; There has been treatment or conservative therapy.; 0.3 CM NODULE IN THE MEDIAL ASPECT OF THE LEFT UPPER LOBE; OBSERVATION; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Endometrial cancer, recurrence suspected ;recurrent endometrial cancer on chemo; please evaluate disease response; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RLL nodule; There has not been any treatment or conservative therapy.; RLL nodule; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abdominal Distension; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); nausea and ab pain; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; It is unknown if there is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Abnormal treadmill stress test, heart palpitations, dyspnea on exertion, HTN, chest pain, dx of sick sinus syndrome; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	; Requestor has decided to proceed with the unlisted code.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	49-year-old white male who complains of recurrent episodes of mid precordial pressure-like chest pain, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting 5 minutes, spontaneous resolution. Symptoms are randomly occurring with ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	atypical chest pain, radiating, hbp, fatigue, multiple ED visits; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD: Symptoms are suspicious for acute. EKG shows incomplete right bundle branch block, LAFB, and poor R wave progression V1 through V3. Therefore, recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out; This study is being ordered for Vascular Disease.; 10/13/2020 chest pain; 2018 CAD; There has been treatment or conservative therapy; chest pain, diaphoresis, nausea, vomiting; continues current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, low ejection fraction on echo performed 01/29/2021; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown if No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Findings on this consultation and discussion of cardiac issues described in the list of problems were addressed, modifications of risk factors were also discussed. Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulat; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Ellis is a pleasant 33 y/o female with PMHx significant for Hyperthyroidism. She presents today as a new patient to establish care. She was recently admitted to Forrest City Medical Center 1/29/2021 for chest pain. She states that she began to experien; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/29/2021; There has not been any treatment or conservative therapy.; high troponin I level;dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has several risk factors for coronary artery disease including hypertension, diabetes, hyperlipidemia, smoking, and family history of CAD. EKG shows old anterior infarct. Therefore, Recommend proceeding with myocardial perfusion imaging study usi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea on mild-to-moderate exertion, not a good candidate for treadmill. Rule out underlying ischemia. Two-dimensional echocardiographic Dopple; This study is being ordered for Vascular Disease.; 12/01/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; Continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Dyspnea is significant as described in HPI. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess l; This study is being ordered for Vascular Disease.; 10/28/2020; There has been treatment or conservative therapy.; chest pain, dyspnea on exertion, shortness of breath; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Patient has dyspnea on mild effort, could not exercise on a treadmill. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 01/05/2021; The evaluation date is not in the future; Speech Therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; it is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2017; There has been treatment or conservative therapy.; chest pain, SOB; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	CAD: Symptoms are suspicious for acute. EKG shows incomplete right bundle branch block, LAFB, and poor R wave progression V1 through V3. Therefore, recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out; This study is being ordered for Vascular Disease.; 10/13/2020 chest pain; 2018 CAD; There has been treatment or conservative therapy.; chest pain, diaphoresis, nausea, vomiting; continues current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Chest pain, numbness, shortness of breath, and hyperlipidemia; This study is being ordered for Vascular Disease.; 01/05/2021; There has not been any treatment or conservative therapy.; Chest Pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ms. Ellis is a pleasant 33 y/o female with PMHx significant for Hyperthyroidism. She presents today as a new patient to establish care. She was recently admitted to Forrest City Medical Center 1/29/2021 for chest pain. She states that she began to experien; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/29/2021; There has not been any treatment or conservative therapy.; high troponin I level;dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	PATIENT ALSO HAS CAROTID VASCULAR DISEASE WHICH IS ONE OF THE REASONS FOR THE CAROTID DOPPLER DUE TO THE CAROTID BRUITS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; ANGINA, SHORTNESS OF BREATH, CORONARY ARTERY DISEASE, HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	preop clearance; This study is being ordered for Inflammatory/ Infectious Disease.; 11/2020; There has been treatment or conservative therapy.; swelling, palpitations; medication, pulmonologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea on mild-to-moderate exertion, not a good candidate for treadmill. Rule out underlying ischemia. Two-dimensional echocardiographic Dopple; This study is being ordered for Vascular Disease.; 12/01/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; Continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Right sided sciatica, severe chronic back pain which limits ambulation. Rule out underlying ischemia. Two-dimensional echocardiographic; This study is being ordered for Vascular Disease.; 11/05/2020; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continues current medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/06/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; LEFS; 15%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 01/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here caller unsure; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 54; oswersty; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 02/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Enter name of tool here Enter score here Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Anticipated	2 2021	Jan-Mar 2021	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; in house evaluation; 70%; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	request:	2 2021	Jan-Mar 2021	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent

1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; unknown; Enter score here Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Unknown	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Brief 2; 80; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The Member is 10 years old or older.; Other/none of the above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material		; It is not known if there has been any treatment or conservative therapy.; History of bladder cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; Neoplasm: testicular ;History of testicular cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	2/1/2021; There has been treatment or conservative therapy.; testicular enlargement; patient has had surgery of testicular mass.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	02/25/2021; There has not been any treatment or conservative therapy.; elevated psa; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	12/17/2020; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN, THE PAIN IS COLICKY,ACHING,BURNING AND DULL, BELCHING AND NAUSEA. PAIN IS ALL THE TIME; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Biopsy performed on 02/02/2021; There has not been any treatment or conservative therapy.; He had a weak urine stream, microscopic hematuria and an elevated psa. Biopsy performed and prostate cancer was diagnosed.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	PROSTATE CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Pt was seen in Urology office for elevated PSA of 50.5 ng/mL. Prostate biopsy performed resulting in 10 out 12 cores positive for adenocarcinoma with a Gleason score of 9; There has not been any treatment or conservative therapy.; Elevated PSA (50.5 ng/mL), positive biopsies; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; There is NOT a known or suspicion of blood vessel (vascular) disease.; This request is for Not listed above	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; Pt has Prostate Cancer; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PROSTAT CANCER/LUNG NODULE; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; PROSTATE CANCER; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Known cancer or tumor; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	Hernia growing into scrotum; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is complaining of perineal pain, intermittent blood in stools, urinary urgency, frequency and hesitancy; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Dr. is trying to plan for a Radical Prostatectomy and ensure no metastatic dz.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Date of Diagnosis: 10/05/2020; There has not been any treatment or conservative therapy.; Prostate Cancer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Elevated PSA: Last PSA: 11.38 (12/3/20), 0.36 (06/15/20), 0.50 (5/9/19);. This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	MRI PROSTATE, ELAVATED PSA, PROSTATE CANCER SCREENING; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	prostate cancer - biopsy performed; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	UNKNOWN; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT.; This is NOT a Medicare member.	4 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ,Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ,Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); chronic cystitis hematuria; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cyst of kidney; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; It is unknown if there is known or suspicion of Infection or Inflammatory disease.; It is unknown if there is known or suspicion of Vascular disease.; It is unknown if prior imaging or physical evaluation is suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cyst on kidney; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RENAL CELL CARCINOMA; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RENAL HEMATOMA; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); RENAL MASS; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; History of bladder cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; Neoplasm: testicular ;History of testicular cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/13/2021; There has been treatment or conservative therapy.; urination problems; surgery, medications,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2/1/2021; There has been treatment or conservative therapy.; testicular enlargement; patient has had surgery of testicular mass.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/25/2021; There has not been any treatment or conservative therapy.; elevated psa; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/17/2020; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN, THE PAIN IS COLICKY, ACHING, BURNING AND DULL, BELCHING AND NAUSEA. PAIN IS ALL THE TIME; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Biopsy performed on 02/02/2021; There has not been any treatment or conservative therapy.; He had a weak urine stream, microscopic hematuria and an elevated psa. Biopsy performed and prostate cancer was diagnosed.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt was seen in Urology office for elevated PSA of 50.5 ng/mL. Prostate biopsy performed resulting in 10 out 12 cores positive for adenocarcinoma with a Gleason score of 9; There has not been any treatment or conservative therapy.; Elevated PSA (50.5 ng/mL), positive biopsies; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Reoccurrence of bladder cancer; This case was created via BBI.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed., The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); auth request via fax; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Multiple renal cysts; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABD PAIN, UNINARY TRACT INFECTION; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abd pelv ct; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Calculus of kidney; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); chronic cystitis, stones; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Need Hematuria protocol CT; It is unknown if there has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; It is unknown if there is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Urinalysis abnormal; hematuria workup, assess upper tracts; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	7 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	45 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); angiomyolipoma left kidney; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); asymptomatic microscopic hematuria; This case was created via RadMD.; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Bilateral Renal Cysts; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); bilateral renal stones, left ureteral stone, and microhematuria; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); BLADDER CANCER; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); C61 prostate cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cancer of prostate; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hematuria - prostate cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hematuria, elevated PSA; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hematuria, unknown cause; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hx of renal cancer; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.;	Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); HYDRONEPHROSIS/RECURRENT UTI; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.;	Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Increased urinary frequency and trace blood.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; It is unknown if prior imaging or physical evaluation is suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.		1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); kidney cancer hematuria; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.;	Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); KIDNEY CYST; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); MALIGNANT NEOPLASM OF PROSTATE EVAL; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); n28.89 renal mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); NEOPLASM OF UNSPECIFIED BEHAVIOR OF LEFT KIDNEY BOSNIAK 3 OBSERVATION FOLLOW UP 6 MONTHS; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); New Diagnosis of Prostate Cancer. Needed to rule out metastatic disease.; This case was created via BBI.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pelvic mass; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Personal history of kidney stones; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); prostate cancer, staging; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PROSTATE CANCER, T1C GLEASON SCORE 7 ADENOCARCINOMA PROSTATE.PSA 5.32 ; PT HAS HAD RESECTION OF PART OF HIS LUNG FOR SMALL CELL CARCINAOMA ONE YEAR AGO. ALSO HAS CIRRHOSIS OF LIVER.; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); prostate cancer; This case was created via BBI.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.	3 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); prostate cancer; This case was created via RadMD.; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; Agreed; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PROSTATE CANCER; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	6 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pt diagnosed with Prostate cancer on 1-21-21 with a Gleason score of 3+3=6. CT is being ordered for staging and to check for any signs of metastasis; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); recurrent uti; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); recurrent UTI; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is known or suspicion of Infection or Inflammatory disease.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Renal Cyst Bosniak; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); renal stones; This case was created via RadMD.; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; Agreed; This is a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); UA (3-9-21); large blood, trace leuks;Gross hematuria; It is unknown if there is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; It is unknown if there is known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); URETERIC STONE; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); WILL FAX; There is NOT known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; There is NO known or suspicion of Infection or Inflammatory disease.; There is NO known or suspicion of Vascular disease.; Prior imaging or physical evaluation is NOT suspicious of Organ Enlargement.; This is NOT being requested for evaluation of recent abdominal trauma.; This is not a preoperative or recent postoperative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This study being ordered for a concern of cancer such as for diagnosis or treatment.	16 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Flank Pain; This case was created via RadMD.; There has NOT been an abnormal finding on physical exam.; The patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); Left Flank Pain; It is unknown if there has been an abnormal finding on physical exam.; It is unknown if the patient had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for acute pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Gross Hematuria; This case was created via BBI.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); GROSS HEMATURIA; This case was created via RadMD.; Agreed	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Hematuria; This case was created via BBI.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); hematuria; This case was created via RadMD.; Agreed	10 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); kidney stone; This case was created via RadMD.; Agreed	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Kidney Stones; This case was created via BBI.	4 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); KIDNEY STONES; This case was created via RadMD.; Agreed	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Renal mass; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Vascular disease (system matched response); Abdominal aortic aneurysm; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for hematuria.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	2 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01/13/2021; There has been treatment or conservative therapy.; urination problems; surgery, medications,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; It is not known if there has been any treatment or conservative therapy.; Hematuria-pt. has Prostate CA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease ; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	ELEVATED PROSTATE, CT AP SHOWED MODERATE PROSTATEGALY; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	ELEVATED PROSTATE, CT AP SHOWED MODERATE PROSTATEGALY; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Prostate Cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Prostate cancer; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RENAL CELL CARCINOMA; This case was created via RadMD.; There is known or suspicion of Cancer, Tumor, Mass, or Metastatic Disease.; Agreed; This study is not being requested for abdominal pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); FLANK PAIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); DYSURIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); hematuria; This case was created via RadMD.; Agreed	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; It is not known if there has been any treatment or conservative therapy.; Hematuria-pt. has Prostate CA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	referred by pc Dr. ultrasound revealed severe stenosis, kidney insufficiency. Pt is diabetic.; This study is being ordered for Vascular Disease.; 06/01/2019; There has been treatment or conservative therapy.; stenosis is great, concern for recurrent stroke.; aspirin, Plavix.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	.Thoracic ascending aortic aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Ascending Aortic Aneurysm; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE).; This request is for Known or suspected blood vessel (vascular) disease; Agree	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown if No Info Given. ; This study is not requested to evaluate suspected pulmonary embolus.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5 cm ascending aortic aneurysm. Follow up.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Follow up EVAR in 2015 with type 2 endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5 cm ascending aortic aneurysm. Follow up.; ; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; Follow up EVAR in 2015 with type 2 endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5 cm ascending aortic aneurysm. Follow up.; Follow up EVAR in 2015 with type 2 endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	referred by pc Dr. ultrasound revealed severe stenosis, kidney insufficiency. Pt is diabetic.; This study is being ordered for Vascular Disease.; 06/01/2019; There has been treatment or conservative therapy.; stenosis is great, concern for recurrent stroke.; aspirin, Plavix.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5 cm ascending aortic aneurysm. Follow up.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Follow up EVAR in 2015 with type 2 endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5 cm ascending aortic aneurysm. Follow up.; ; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; Follow up EVAR in 2015 with type 2 endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5 cm ascending aortic aneurysm. Follow up.; Follow up EVAR in 2015 with type 2 endoleak from lumbar with essentially stable sac size at 5.5cm. He also has a 4.5	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	12 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Thoracoabdominal aortic aneurysm, known, follow up; This study is being ordered for Vascular Disease.; 10/28/2020; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.; Yes, this is a request for CT Angiography of the abdomen.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); AAA; This case was created via RadMD.; There has been an abnormal finding on physical exam.; The patient has NOT had an Abdominal and Pelvic Ultrasound or other Abdominal and Pelvic Imaging.; There is recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; Agreed; The study is being ordered for chronic pain.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 01/28/21; There has been treatment or conservative therapy.; Resting leg pain; unsuccessful stent procedure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	5 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.; Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;		Enter answer here - or Type In Unknown If No Info Given. This is a request for a Heart PET Scan.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.; This Heart PET Scan will NOT be performed with CT for Attenuation (CPT codes 78429, 78430, 78431, 78432, 78433).	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 01/28/21; There has been treatment or conservative therapy.; Resting leg pain; unsuccessful stent procedure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Monitor Abdominal aortic aneurysm;;8/24/20 CT lower chest shows a ectatic/aneurysmal descending thoracic aorta;measuring up to 4.3 cm in diameter. This is similar to the prior study,of 08/05/2014; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient pain that has been constant since the TEVAR for TAA on 01/26/21. He reports the pain is present most of the time that he is awake.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1 2021	Jan-Mar 2021

1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Thoracoabdominal aortic aneurysm, known, follow up; This study is being ordered for Vascular Disease.; 10/28/2020; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Jan-Mar 2021
1/1/2021 - 3/31/2021	1/1/2021	Vascular Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Jan-Mar 2021